APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 MAR -8 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000002472

1. Corporation Name PASCAL IMBERT ENTERPRISES, LTD., INC.

REINSTATEMENT 99-00

Principal Place of Business	Mailing Address
350 Lincoln Road, Suite 415 Miami Beach, FL 33139	c/o Wlodinger, Erk & Chan 15 E. 210th St. # 1803 New York, NY 10010

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. # etc.		15 E. 26th Street Suite, Apt. #, etc. 1803	
City & State		City & State New York, NY	
Zip	Country	Zip 10010	Country New York

4. Date Incorporated or Qualified To Do Business in Florida: May 22, 1995

5. FEI Number: 13-3547769 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres. Sec.	Pascal H. Imbert	108 W. Rivo Alto Drive	Miami Beach, FL 33193

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****950.00 ****950.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Pascal H. Imbert 350 Lincoln Road Suite 415 Miami Beach, Fl 33139	Name: Pascal H. Imbert Street Address (P.O. Box Number is Not Acceptable): 108 West Rivo Alto Drive Suite, Apt. #, Etc.: City: Miami Beach State: FL Zip Code: 33139

CR2E040 (1/98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date December 10, 2000
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on Intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #