

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

97 APR 30 AM 10:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000032524

1 Corporation Name

RINCON PAMELA, INC.

Mailing Address

Principal Place of Business

14505 S.W. 42nd STREET
MIAMI, FLORIDA 33175

REINSTATEMENT

96-97
aw

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

3. New Principal Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

MAY 4, 1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5 FET Number

65-0424470

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	LILIANA P. SANCHEZ	14505 S.W. 42nd STREET	MIAMI, FLORIDA 33175
SECRETARY/DIRECTOR			
V. P.			
TREASURER	LINA BETTY FROMETA	14505 S.W. 42nd STREET	MIAMI, FLORIDA 33175

100002170001-9
-05/07/97-0112-003
***915.00 ***915.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JIM SIERRA
9290 SUNSET DRIVE SUITE #105
MIAMI, FLORIDA 33173

Name
LOUIS J. TERMINELLO, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
2700 S.W. 37th AVENUE
Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33133

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 X

Date 3/25/97

REGISTERED AGENT MUST SIGN LOUIS J. TERMINELLO

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/25/97

Date

Daytime Phone #

aw