

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR 25 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000055680

1. Corporation Name

PANAMERICAN CELLULAR INC

REINSTATEMENT 06-08

2. Principal Office Address - No P.O. Box # 7875 NW 29TH STREET Suite, Apt. #, etc.		3. Mailing Office Address 7875 NW 29TH STREET Suite, Apt. #, etc.	
City & State DORAL		City & State FLORIDA	
Zip 33122	Country USA	Zip 33122	Country

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida	06/22/1998
5. FEI Number	65-0862575
<input type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED	<input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
RODRIGUEZ, RAUL A.

Street Address (P.O. Box Number is Not Acceptable)
13372 NW 29TH STREET

Suite, Apt. #, Etc.

City PEMBROKE PINES	State FL	Zip Code 33028
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The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/M/D	RODRIGUEZ, RAUL A	7875 NW 29TH STREET	DORAL, FL 33122
V/S/D	RODRIGUEZ, SONIA	7875 NW 29TH STREET	DORAL, FL 33122

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10. 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 contained in Chapter 119, 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: Raul A. Rodriguez RAUL A. RODRIGUEZ 04/18/2008 305-629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RC4/28