PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 FEB 11 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 468081

1. Corporation Name

PARMAN FLORIDA, INC.

2. Principal Office Address	3. Mailing Office Address
600 N.E. 36th Street	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State
Zip: 331377 Country: U.S.A.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-1569973 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: CHARLES H. GELMAN, P.A.

000005021840--3
-02/26/02--01072--009
***1200.00 ***1200.00

Street Address (P.O. Box Number is Not Acceptable): 25 S.E. 2nd Avenue

Suite, Apt. #, Etc.: Suite 1025

City: Miami, State: FL Zip Code: 33131

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: Charles H Gelman
REGISTERED AGENT MUST SIGN

Date: February 6, 2002

CR2E061 (9/99)

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	Ann Richman	600 N.E. 36th Street	Miami, Florida
VP	Alfred Ceaser	3900 N. 50th Avenue	Hollywood, Florida
S/T	Marvin Nestel	1501 S.W. 134th Way D-410	Pembroke Pines, Florida

MW

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 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.

President: Ann Richman
SIGNATURE

February 6, 2002

Charter Number Only

2/8/02

Charles H. Gelman
Requestor's Name
25 SE 2nd Avenue #1025
Address
Miami, FL 33131
City State ZIP Phone
(305) 579-9100

VALIDATION ONLY

CORPORATION(S) NAME

Parman Florida, Inc.

RECEIVED
02 FEB 11 AM 9:22
DIVISION OF CORPORATION

( ) Profit
( ) NonProfit ( ) Amendment ( ) Merger

( ) Foreign ( ) Dissolution ( ) Mark

( ) Limited Partnership ( ) Annual Report ( ) Other
(X) Reinstatement ( ) Reservation ( ) Change of Registered Agent

( ) Certified Copy ( ) Photo Copies ( ) Certificate Under Seal

( ) Call When Ready ( ) Call If Problem ( ) After 4:30
(X) Walk In ( ) Will Wait (X) Pick Up ( ) Mail Out

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

Empire Toll Free: 1-800-432-3028