H04000103774 3

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 12 PM 4:37

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 526170

1. Corporation Name
PA-MA INVESTMENT CORP.

14700 Sunset Lane
Fort Lauderdale, FL 33330

REINSTATEMENT 02-04

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 14700 Sunset Lane | 14700 Sunset Lane |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Fort Lauderdale, FL | City & State: Fort Lauderdale, FL |
| Zip: 33330 Country: USA | Zip: 33330 County: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 02/18/1977

5. FEI Number: 595871311 ☐ 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: Miguel Venereo, M.D.

Street Address (P.O. Box Number is Not Acceptable): 14700 Sunset Lane

Suite, Apt. #, Etc.:

City: Fort Lauderdale State: FL Zip Code: 33330

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: [signature] REGISTERED AGENT MUST SIGN Date: 05/11/04

CR2E031 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida no-profit 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 |
|---|---|---|---|
| PTSD | Miguel Venereo, M.D. | 14700 Sunset Lane | Fort Lauderdale, FL 33330 |
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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 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] 05/11/04 954-433-7139

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

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# Florida Department of State
## Division of Corporations
Public Access System

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# CORPORATION REINSTATEMENT

**PA-MA INVESTMENT CORP.**

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