

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 OCT 15 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 543884

1. Corporation Name

PENSIONS, INC.

Principal Place of Business

999 BRICKELL AVE
800
MIAMI FL 33131
US

Mailing Address

999 BRICKELL AVE
800
MIAMI FL 33131
US

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 2003

4. Date Incorporated or Qualified
To Do Business in Florida

08/22/1977

5. FEI Number

59-1760470

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 3	City / State / Zip 4
PS	NEWMAN, JEFFREY	999 BRICKELL AVE	MIAMI FL

200023864622
10/16/03--01089--008 **750.00

8. Name and Address of Current Registered Agent

GREEN, JONATHAN H.
799 BRICKELL PLAZA, SUITE 700
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

Jeffrey E. Newman

Street Address (P.O. Box Number is Not Acceptable)

999 Brickell Ave

Suite, Apt. #, Etc.

800

City

Miami

State

FL

Zip Code

33131

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/14/03

11. 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

10/14/03

Daytime Phone #

305 371 6333

CR20040 (7/03)