

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 JAN -2 AM 9:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 054234

1. Corporation Name
PAMER COMPANY, INC

2. Principal Office Address
20942 Springs Terr

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

Zip
33428

Country
USA

3. Mailing Office Address
PO Box 2821

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

Zip
33427

Country
USA

REINSTATEMENT 08-01

4. Date Incorporated or Qualified To Do Business in Florida 1980

5. FEI Number
59-2842106

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
JOHN M. PAMER

Street Address (P.O. Box Number is Not Acceptable) 600003534026-8

Suite, Apt. #, Etc. 20942 Springs Terr
-01/12/01--01006--006
***1200.00 ***1200.00

City
BOCA RATON,

State
FL

Zip Code
33428

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 John M. Pamer
REGISTERED AGENT MUST SIGN

Date 12/28/2000

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
Pres	JOHN M. PAMER	20942 Springs Terr	BOCA RATON, FL 33428
V.P./Sec	MARY BETH R. PAMER	" " "	" " " "

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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: John M. Pamer, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/2000 561-487-9501
Date Daytime Phone #

CR2E081 (9/99)