

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. 02 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 852648

1. Corporation Name

PANASONIC LATIN AMERICA, S.A., INC.

2. Principal Office Address

9100 S. Dadeland Blvd.

Suite, Apt. #, etc.

Suite 800

City & State

Miami, Florida

Zip

33156

Country

USA

3. Mailing Office Address

9100 S. Dadeland Blvd.

Suite, Apt. #, etc.

Suite 800

City & State

Miami, Florida

Zip

33156

Country

USA

REINSTATEMENT 95-01

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

April 19, 1982

5. FEI Number

59-2219955

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

IKUO SHIMIZU

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

9755 N.W. 52nd. Street

Suite, Apt. #, Etc.

Apt. 518

City

Miami, Florida

State

FL

Zip Code

33178

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

REGISTERED AGENT MUST SIGN

Date Dec 15 - 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
D	YASUHIRO NAKAMURA	Punta Paitilla, Calle Winston Churchill Condo Perla del Pacifico	PANAMA REP. PANAMA
P	KOJI YAMAHARA	Punta Paitilla, Edif. Bahia Mar	PANAMA, REP. PANAMA
D	ALFRED MUSCHETT	Blvd. El Dorado, Casa 52B	PANAMA, REP. PANAMA
M	IKUO SHIMIZU	9755 N.W. 52nd. St Apt. 518	Miami, Florida 33178
D	IRIE YOSHIHIRO	Punta Paitilla, Calle Winston Churchill Condo Pacific Shore apt 13-B	PANAMA, REP. PANAMA

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IKUO SHIMIZU

Dec-15-00

Date

305-670-0686

Daytime Phone #