PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
Jun 13, 2002 8:00 A.M
Secretary of State

DOCUMENT # F96000001823

REINSTATEMENT 00-02

1. Corporation Name

PEMC INC.

2. Principal Office Address	3. Mailing Office Address
7164 Pembroke Road	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Miramar Florida	
Zip / Country	Zip / Country
33023 / Broward	

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number 65-0737236 — Applied For — Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

600005912006--7
-06/21/02--01073-016
***1050.00 ***1050.00

Name: PETER Rodriguez

Street Address (P.O. Box Number is Not Acceptable): 7164 Pembroke Road

Suite, Apt. #, Etc.:

City: Miramar | State: FL | Zip Code: 33023

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: _____ Date: 06-04-02

REGISTERED AGENT MUST SIGN.

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/D	PETER Rodriguez	8800 SW 10th Street	Pembroke Pines FL
P/D	ELSA Rodriguez	8800 SW 10th Street	Pembroke Pines FL
			900.00-Adm
			61.25-ARC
			88.75-ARS APP

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: Elsa Rodriguez — 06/04/02

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