

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUL 16 PM 12:32

DOCUMENT # F99000000642

**1. Corporation Name**

PAMI-FL20 Inc.

**REINSTATEMENT** 02-03

700020886347  
08/16/03--01057--007 \*\*900.00  
MAB

**2. Principal Office Address**

745 7th Avenue

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10019

Country

US

**3. Mailing Office Address**

101 Hudson Street

Suite, Apt. #, etc.

39th Fl.

City & State

Jersey City, NJ

Zip

07302

Country

US

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

**5. FEI Number**

13-4097496

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

323014

**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

**Brian Courtney**  
**Asst. V. Pres.**

REGISTERED AGENT MUST SIGN

Date

7/16/03

**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	Yon K. Cho	745 7th Avenue	New York, NY 10019
V	Barry J. O'Brien	101 Hudson Street	New Jersey, NJ 07302
T	Daniel O. Minerva	745 7th Avenue	New York, NY 10019
S	Jennifer Marre	745 7th Avenue	New York, NY 10019
D	Joseph J. Flannery	745 7th Avenue	New York, NY 10019

**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:

*Barry J. O'Brien*

Barry J. O'Brien

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/10/03

(201) 524-5430

Daytime Phone #

CR2E081 (10/02)