

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 2:40

DOCUMENT # F99000000643

1. Corporation Name

PAMI-FL19 Inc.

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

REINSTATEMENT 02-03

900020886329
06/16/03--01057--006 **900.00

MRD

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

5. FEI Number

13-4097495

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

9/16/03

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

6/16/03

(201) 524-5430

Daytime Phone #

CR2E081 (10/02)