

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # J27319

1. Corporation Name

Pacific Rim International Medical Exposition, Inc.

Principal Place of Business

Mailing Address

**501 North Beneva Road, Unit 616
Sarasota, FL 34232**

REINSTATEMENT **DD**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4182 Prairie View Drive

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

8/06/1986

5. FEI Number

59-2723613

Applied For

Not Applicable

City & State

Sarasota, Florida

City & State

Zip **34232** Country **USA**

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Titles	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P D AS	Saul Mandell	4182 Prairie View Drive	Sarasota, FL 34232
S	Wendy Howard	4182 Prairie View Drive	Sarasota, FL 34232
T	Evelyn Mandell	4182 Prairie View Drive	Sarasota, FL 34232
			600003480376--1
			11/30/00 01014 003
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

**Brad Sanford Mandell
3354 17th Street
Sarasota, FL 34235**

9. Name and Address of New Registered Agent

Name **Saul Mandell**
Street Address (P.O. Box Number is Not Acceptable)
4182 Prairie View Drive
Suite, Apt. #, Etc.
City **Sarasota** State **FL** Zip Code **34232**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11-14-00

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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

SAUL MANDELL

Date

Daytime Phone #

S. PAYNE

NOV 20 2000

11-14-00