

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>165092</b>		99 MAY 24 PM 1:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name <b>Pangean International Corp.</b> <b>W99010011284</b>			
Principal Place of Business <b>5704 SW 146 CT</b> <b>MIAMI, FL 33183</b>		Mailing Address	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable <b>18459 Pines Blvd. #300</b> Suite, Apt. #, etc. <b>300</b> City & State <b>Pembroke Pines, Florida</b> Zip <b>33029</b> Country <b>US</b>		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida <b>12/87</b>		5. FEI Number <b>592814936</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 Title(s)	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
Pres	Guillermo Escobar	622 Enclave Cir. East	Pembroke Pines, FL 33027
Sec	Laura Escobar	622 Enclave Cir. East	Pembroke Pines, FL 33027
			200002898002-05/08/99--01048--003 ***1050.00 ***1050.00
<b>REINSTATEMENT 97-99</b>			
8. Name and Address of Current Registered Agent <b>Guillermo Escobar</b> <b>5704 SW. 146 CT</b> <b>MIAMI, FL 33183</b> <b>18459 Pines Blvd Suite 300</b> <b>Pembroke Pines, FL 33029</b>		9. Name and Address of New Registered Agent Name <b>Guillermo Escobar</b> Street Address (P.O. Box Number is Not Acceptable) <b>18459 Pines Blvd #300</b> Suite, Apt. #, Etc. <b>300</b> City <b>Pembroke Pines</b> State <b>FL</b> Zip Code <b>33029</b>	
10. 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 <b>[Signature]</b> Date <b>5-17-99</b> REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: <b>[Signature]</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>Feb 22, 99</b> Daytime Phone # <b>954 443 0854</b>	

CR2E081 (12/98)