

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # K20962</b> 1. Entity Name <b>PEMAR CORPORATION, INC.</b>						<b>FILED</b> <b>09 MAR 12 AM 10:43</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>45 W 17TH ST HIALEAH, FL 33010</b>				Mailing Address <b>45 W 17TH ST HIALEAH, FL 33010</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b> <b>HERNANDEZ, MARITZA 45 W 17TH ST HIALEAH, FL 33010</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <u><i>Maritza Hernandez</i></u> <small>Signature, typed or printed name of registered agent, and title if applicable</small>				DATE <u>3-11-09.</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE PD NAME SANCHEZ, PEDRO A. <input type="checkbox"/> Delete STREET ADDRESS 45 W 17TH ST CITY-ST-ZIP HIALEAH, FL				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE STD NAME HERNANDEZ, MARITZA <input type="checkbox"/> Delete STREET ADDRESS 45 W 17TH ST CITY-ST-ZIP HIALEAH, FL				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u><i>Pedro A Sanchez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>3-11-09</u> <small>Daytime Phone #</small>			

  
**REINSTATEMENT** 08-09

4. FEI Number  
**65-0048908**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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