

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 30 AM 10:23

DOCUMENT # **MO3540**

1. Corporation Name

PAN INTERNATIONAL, INC.

2. Principal Office Address

7700 N.W. 73RD. COURT

Suite, Apt. #, etc.

City & State

Medley, FLORIDA

Zip

33166

Country

USA

3. Mailing Office Address

7700 N.W. 73RD COURT

Suite, Apt. #, etc.

City & State

Medley, FLORIDA

Zip

33166

Country

USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/1984

5. FEI Number

59-2439759

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

Pablo Bared, P.A.

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

1500 SW. Remo Avenue

Suite, Apt. #, Etc.

Suite 177

City

Coral Gables

State

FL

Zip Code

33146

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

Pablo Bared

Date **03/27/2000**

REGISTERED AGENT MUST SIGN

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.	IDA VALDES	18040 Biscayne Blvd. Apt. 1701 Tower 4-South	MIAMI, FLORIDA 33160
S.	Guillermo A. Sanchez	9940 S.W. 223 Terra 501	MIAMI, FLORIDA 33190
T.	Patricia Anton	520 Brickell Key Dr. Apt. BH44	MIAMI, FLORIDA 33131
	P = President		
	A = Secretary		
	T = Treasurer		

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:

Gaucha (Guillermo A. Sanchez) - Secretary 03/27/2000 (305) 863-0541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #