

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N37751 (7)

1. Corporation Name

PAN AMERICAN ROUND TABLE OF MIAMI, INC.

Principal Place of Business

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  
1601 S.W. 126th Place

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33175

Country

U.S.A.

3. New Mailing Office Address, If Applicable  
1601 S.W. 126th Place

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33175

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

04/23/1990

5. FEI Number

65-0247411

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D/P	THELVA JIMENEZ	1601 S.W. 126th Place	Miami, Florida 33175
VP/D	OMNIS BASTOS-ACEBO	8475 S.W. 2nd Street	Miami, Florida 33144
T/D	ELIZABETH CASTRO	8098 W. 14th Ct.	Hialeah, Florida 33014

300002099693-7  
-02/27/97--01046--006  
\*\*\*\*297.50 \*\*\*\*297.50

8. Name and Address of Current Registered Agent

MARINA SANDOVAL  
1775 WASHINGTON AVENUE #5A  
MIAMI BEACH, FLORIDA 33139

9. Name and Address of New Registered Agent

Name

THELVA JIMENEZ

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

1601 S.W. 126th PLACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33175

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. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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 owe 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

THELVA JIMENEZ

February 7, 1997

Date

Daytime Phone #

REINSTATEMENT 96-97

FILED

97 FEB 26 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E040 (12/95)