

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 SEP 18 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N37751**

1. Corporation Name

PAN AMERICAN ROUND TABLE OF MIAMI, INC.

2. Principal Office Address

8475 SW 2nd Street

3. Mailing Office Address

8475 SW 2nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33144

Country

USA

Zip

33144

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

April 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. Name and Address of Current Registered Agent

Name

OMNIS BASTOS-ACEBO

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

8475 SW 2nd Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33144

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9-12-2000

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/D	Angela Harper	9475 SW 154 CT	Miami, FL 33196
V/D	Marina Sandoval	1775 Washington Ave. 5-A	M. Beach, FL 33139
T/D	Omnis Bastos-Acebo	8475 SW 2nd Street	Miami, FL 33144
S/D	Xiomara Tamargo	4273 SW 161 PL	Miami, FL 33185
		400003414504-1 -10/05/00-01035-008 *****61.25 *****61.25	400003414504-1 -10/05/00-01035-007 *****236.25 *****236.25

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:

[Signature]

ANGELA HARPER

9-7-00

(305)

381-8844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)