

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 22 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N38363

1. Corporation Name

Pan American Society of Artists, Inc.

2. Principal Office Address

33 Pintard Ave.

Suite, Apt. #, etc.

City & State

New Rochelle, NY

Zip

10801

Country

USA

3. Mailing Office Address

33 Pintard Ave.

Suite, Apt. #, etc.

City & State

New Rochelle, NY

Zip

10801

Country

USA

REINSTATEMENT 00-01

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

05/29/1990

5. FEI Number

65-0245350

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

Enrique Carrillo, Jr.

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

6440 S.W. 20 Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33155

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]

Date

2/14/01

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
<u>C/M/D</u>	<u>Oscar Bustillo</u>	<u>33 Pintard Ave.</u>	<u>New Rochelle, NY 10801</u>
<u>V/D</u>	<u>Enrique Carrillo, Jr.</u>	<u>6440 S.W. 20 Terr.</u>	<u>Miami, FL 33155</u>
<u>S</u>	<u>Margarita Hernandez</u>	<u>4160 Lybyer Ave.</u>	<u>Miami, FL 33133</u>
<u>D</u>	<u>Jose Ignacio Diaz</u>	<u>4445 W. 1st Ave.</u>	<u>Hialeah, FL 33012</u>
<u>P/T</u>	<u>Luz Morales</u>	<u>1521 S. Highland Ave. Apt. H</u>	<u>Fullerton, CA 92832</u>
<u>T</u>	<u>Robert Schench</u>	<u>7777 N.E. Bayshore Ct. #101</u>	<u>Miami Beach, FL 33138</u>

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] Oscar Bustillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/01
Date

(914) 235-8994
Daytime Phone #

CR2E081 (9/00)