FILED
03 OCT 21 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000024557

800023961278
10/21/03--01022--012 **750.00

1. Corporation Name
PanAmerican Investment and Mortgage, Corp.

2. Principal Office Address	3. Mailing Office Address
234 Washington Ave.	234 Washington Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach, FL. 33139	City & State: Miami Beach FL.
Zip: 33139 Country: USA	Zip: 33139 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/09/2000

5. FEI Number: 65-0998032 [X] 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: Irina Ball

Street Address (P.O. Box Number is Not Acceptable): 16200 E. Troon Circle

Suite, Apt. #, Etc.:

REINSTATEMENT 03

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City: Miami | State: FL | Zip Code: 33014

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: _____ Date: 10/10/2003

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
President	Irina Ball	16200 E. Troon Circle Miami, FL. 33014	Miami, FL. 33014
Director	Irina Ball	16200 E. Troon Circle Miami, FL. 33014	Miami, FL. 33014
Treas.	Irina Ball	16200 E. Troon Circle	Miami, FL-33014

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: _____ 10/10/03 786-276-7010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #