

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P00000095615

1. Corporation Name

PAN AM BROKERS, INC.

2. Principal Office Address

14200 SW 286 ST

Suite, Apt. #, etc.

City & State

LEISURE CITY FL

Zip

33033

Country

DADE

3. Mailing Office Address

14200 SW 286 ST

Suite, Apt. #, etc.

City & State

LEISURE CITY FL

Zip

33033

Country

DADE

REINSTATEMENT 01

4. Date Incorporated or Qualified

To Do Business in Florida

October 10, 2000

5. FEI Number

65-1060997

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

AIDA PALACIOS

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

14200 SW 286 ST

Suite, Apt. #, Etc.

City

LEISURE CITY

State

FL

Zip Code

33033

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

Aida Palacios

REGISTERED AGENT MUST SIGN

Date

9/27/01

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
PD	AIDA PALACIOS	14200 SW 286 ST	LEISURE CITY FL 33033

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:

Aida Palacios

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/01

Date

305-242-7174

Daytime Phone #