

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAY 10 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500035829595  
05/10/04--01105--002 \*\*300.00

DOCUMENT #

P0100001979

1. Corporation Name

AMERICAN Pacific  
Security and Academy Corp

2. Principal Office Address

3600 SOUTH STATE Rd 7

Suite, Apt. #, etc.

370

City & State

MURRAY FLORIDA

Zip  
33023

Country  
U.S.

3. Mailing Office Address

P.O. BOX 612352

Suite, Apt. #, etc.

City & State

NORTH MIAMI FLORIDA

Zip  
33261

Country  
U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

9/19/2001

5. FEI Number

651081321

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

FERNANDO MARGANON

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

641 NE 139 ST

Suite, Apt. #, Etc.

City

NORTH MIAMI

State  
FL

Zip Code  
33161

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

5/29/04

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
PRES	PRESIDENT FERNANDO MARGANON	641 NE 139 ST	NORTH MIAMI FL 33161

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/07/04 305-893-0249

Daytime Phone #

CP2E081 (01/04)

13 282

Florida department of state  
Secretary of state  
Division of corporations

05/07/2004

Dear madam or sir

I'm enclosing a check of \$300.00 for reinstalling my corporate status ,also I spoke with a lady on your department and explain to her ,that I have a terrible situation back then were My dear mother pass away, and due to that situation I change of suite number on my business due to the fact that I was going true e tremendous negative economic status and ~~none business ,I send e-letter to you all notifying of change of address, but I don't know if~~ you received or not ,the thing is that I never received any correspond to me in my new address advising me of due date of my corporation .I know I can make a new corporation but the lady that I talk to explain to me that it was not necessary to sent this letter to you all so that way you know why or the reasons for this delete.

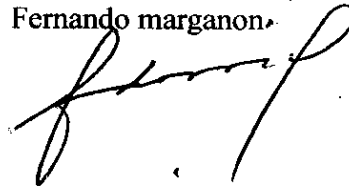
Dear madam or sir I apologies for any inconvenience that it may occur to you all, and in the other hand I truly appreciate all your consideration and help that your department have supported me with .

p/s new correspondance address  
p.o box 612352  
Miami florida 33261-2352

or 3600 south state rd 7  
suite 370,Miramar  
Florida , 33023

Contact telephone # 305-8930749  
305-2446822  
786-3570977

American pacific security and academy corp.  
Fernando morganon



Thank you  
Have a blessing day.