

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

02 OCT 28 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100008372511--8

-10/15/02--01032--005

***150.00 ***150.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # *PD1000041086*

1. Corporation Name

PANTHER ACCESS CORPORATION

2. Principal Office Address

8170 NW 31st STREET

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33122

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/23/2002

5. FEI Number

☒ 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

MANUEL SANCHEZ

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

8170 NW 31st STREET

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33122

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 *10/10/02*

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
<i>D</i>	<i>MANUEL SANCHEZ</i>	<i>8170 NW 31st STREET</i>	<i>Miami, FL 33122</i>
<i>PD</i>	<i>MANUEL SANCHEZ</i>	<i>8170 NW 31st STREET</i>	<i>Miami, FL 33122</i>

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)(l), 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

10/10/02

Daytime Phone #

305-436

CH2E081 (9/01)



8170 N.W. 31st Street
Miami, FL 33122
Telephone: (305) 436-0992
Fax: (305) 436-1081

Panther Access Corporation

October 11, 2002

Florida Department of State
Mr. Jim Smith
Secretary of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Re: Re-instatement
Panther Access Corporation
Document # P01000041086

Dear Mr. Smith:

Enclosed you will find our check in the amount of \$150.00, for the re-instatement of the corporation referenced above, we are sorry for our oversight in not filing the annual report on time.

The address that you have on file is incorrect, at this moment we have no way of knowing who committed the mistake, we can only attempt to correct it as soon as possible. The Company never received your notices and it was our mistake not having paid attention to this problem on an expedite manner.

We would like to request, if it is with in your power, to wave the late filing fee for the re-instatement of the corporation in the amount of \$600.00.

Thanking you in advance for your prompt attention to this matter,

Cordially,

Manuel Sanchez
President.