

# 2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000068581

**FILED**  
**Apr 18, 2013**  
**Secretary of State**

**Entity Name:** MELIREY PANAMA CORPORATION

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD.  
STE 240  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

999 PONCE DE LEON BLVD.  
1110  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2121 PONCE DE LEON BLVD.  
STE 240  
CORAL GABLES, FL 33134

**New Mailing Address:**

P.O. BOX 140970  
CORAL GABLES, FL 33114

**FEI Number:** 65-1119815

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PRATS FERNANDEZ & COMPANY, P.A.  
CERTIFIED PUBLIC ACCOUNTANTS  
2121 PONCE DE LEON BLVD., SUITE 240  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

PRATS FERNANDEZ & COMPANY, P.A.  
999 PONCE DE LEON BLVD.  
1110  
CORAL GABLES, FL 33134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GABRIEL PRATS

04/18/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVSD  
Name: CARBONE, NORMA A  
Address: P.O. BOX  
City-St-Zip: CORAL GABLES, FL 33114

Title: D  
Name: AQUILINA PRIVATE FOUNDATION  
Address: P.O. BOX 140970  
City-St-Zip: CORAL GABLES, FL 33114

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NORMA A CARBONE

P

04/18/2013

Electronic Signature of Signing Officer or Director

Date