

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000070922

1. Corporation Name

PENZAAC CORPORATION OF AMERICA

Principal Place of Business

1820 NORTH UNIVERSITY DRIVE
PLANTATION FL 33322

Mailing Address

POST OFFICE BOX 245931
PEMBROKE PINES FL 33024

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/16/2001

5. FEI Number

65-1130590

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	ISAACS, ANTHEA	8730 S W 12TH STREET	PEMBROKE PINES FL 33025
VD	PENNANT, BERESFORD SR.	8730 S W 12TH STREET	PEMBROKE PINES FL 33025
VTD	ISAACS, ALFRED	8730 S W 12TH STREET	PEMBROKE PINES FL 33025

900008942139

11/12/02--01124--001 **758.75

8. Name and Address of Current Registered Agent

SIMMONDS, MYERS
4801 S. UNIVERSITY DRIVE
SUITE 3010
FT. LAUDERDALE FL 33328

9. Name and Address of New Registered Agent

Name

ALFRED ISAACS

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

8730 SW 12 STREET

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33025

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Alfred Isaacs
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/4/02

11. 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:

Alfred Isaacs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/02 (954) 423-2213
Date Daytime Phone #

CR2E040 (802)