

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JAN 30 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 02-06

CR2E081 (12/05)

DOCUMENT # P01000080637

1. Corporation Name

Pemma, Inc.

2. Principal Office Address

1111 Lincoln Road

3. Mailing Office Address

1111 Lincoln Road

Suite, Apt. #, etc.

400

Suite, Apt. #, etc.

400

City & State

Miami Beach, Fl.

City & State

Miami Beach, Fl.

Zip

33139

Country

US

Zip

33139

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

08/15/2001

5. FEI Number

943405718

☒ 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

Diana E. Rodriguez, P.A.

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

200 SE 15th Street

Suite, Apt. #, Etc.

400

City

Dania Beach

State

FL

Zip Code

33004

300065151643

02/03/06--01010--008 \*\*1358.75

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

REGISTERED AGENT MUST SIGN

Date 01/20/06

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
p/t/s/vp	Horace Madison	1111 Lincoln Road	Miami Beach, Fl. 33139

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/06 786-276-2411

Date

Daytime Phone #