

H 03000289132

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 OCT -2 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # ~~W02000004170~~ P020000016708

1. Corporation Name

P M INTERNATIONAL DEVELOPMENT CORP.

2. Principal Office Address

245 SE 1st Street

3. Mailing Office Address

245 SE 1st Street

Suite, Apt. #, etc.

229

Suite, Apt. #, etc.

Suite 229

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33131

Country

USA

Zip

33131

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/2002

5. FBT Number

03-0490163

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dade County Corporate Agents, Inc.

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

18901 N.E. 29th Avenue

Suite, Apt. #, Etc.

Suite 100

City

Aventura

State

FL

Zip Code

33180

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*Greg H. Kouri Vice Pres*
REGISTERED AGENT MUST SIGN

Date 10/2/03

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
PTD	Dardo Rodriguez	245 SE 1st Street #229	Miami, Florida 33131
SVD	Graciela E. Morini	245 SE 1st Street #229	Miami, Florida 33131

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/03

Date

(0305) 981 6069

Daytime Phone #

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