OCT-20-2003 10:08 PM

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

B003 4B12

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 22 AM 8:25

DOCUMENT # P02000078528

1. Corporation Name

PANTYMON INTERNATIONAL, CORP.

Principal Place of Business	Mailing Address
1400 NW 15TH AVENUE APT 2 BOCA RATON FL 33486	1400 NW 15TH AVENUE APT 2 BOCA RATON FL 33486

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

7/21/03 90123 003 550.00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
4776 SW 14 CT	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DEERFIELD BEACH	City & State: FL
Zip: 33442 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/18/2002

5. FEI Number: 32-0022883 ☐ 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	EMMA CORTEZ	4776 SW 14 CT	DEERFIELD BEACH
		DEERFIELD BEACH	33442
		33442.	

8. Name and Address of Current Registered Agent

CORTES, IRMA
1400 NW 15TH AVENUE
SPT 2
BOCA RATON FL 33486

9. Name and Address of New Registered Agent

Name: EMMA CORTEZ
Street Address (P.O. Box Number is Not Acceptable): 4776 SW 14 CT
Suite, Apt. #, Etc.: DERFIELD BEACH
City: FLORIDA State: FL Zip Code: 33442

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 _____ Date 10/20/03

REGISTERED AGENT MUST SIGN

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: EMMA CORTEZ ARTEAGA 10/20/03 561-3053448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #