

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 OCT -6 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000083412

1. Corporation Name

PAMELA'S INVESTMENT, CORP.

2. Principal Office Address

104-122 West Mowry Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

104-122 W. Mowry Drive

Suite, Apt. #, etc.

City & State

Homestead Florida

City & State

Homestead Florida

Zip

33030

Country

U.S.A.

Zip

33030

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

08/01/2002

5. FEI Number

47-0879746

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 05-08

7. Name and Address of Current Registered Agent

Name

RODRIGUEZ, ROBERTO

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

104-122 West Mowry Drive

Suite, Apt. #, Etc.

City

Homestead

State  
FL

Zip Code  
33030

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

ROBERTO RODRIGUEZ

Date 10/02/2008

REGISTERED AGENT MUST SIGN

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
PSTD	ROBERTO RODRIGUEZ	104-122 West Mowry Drive	Homestead, Florida 33030

300136691943  
10/07/08--01021--002 \*\*600.00

*R* 10/6

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:

ROBERTO RODRIGUEZ 10/01/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

To: STATE OF FLORIDA  
DEPARTMENT OF CORPORATIONS

Ref: Late payment.

To Whom It May Concern:

I Roberto Rodriguez, as president of Pamela's Investment, Corp. by means of this letter certify that I owe the annual report for this company for 2005, 2006,2007 and 2008 .

I would like to state that this happened because I never received the notification paper from the state of florida , and because my bookkeeper did not advise me of that debt.

Therefore I am enclosing the fees for the four years, but I am requesting that the state waive the penalties for the late payment.

Thank you,

Your truly,

Roberto Rodriguez  
President