

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

03 OCT 27 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000098336

1. Corporation Name

PAVIC INVESTMENT, INC.

Principal Place of Business

Mailing Address

4000 NW 28TH ST
MIAMI FL 33142

4000 NW 28TH ST
MIAMI FL 33142

Handwritten initials



REINSTATEMENT 2003

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

22 3875587

Not Applicable

Zip

Country

Zip

Country

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
D	BARED, VICTOR	4000 NW 28TH ST	MIAMI FL 33142

300024104103
10/27/03--01027--005 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARED AND ASSOC. P.A.
1500 SAN REMO AVE, #177
CORAL GABLES FL 33146

Name

Bared + Assoc PA
1500 San Remo Ave #103

Suite, Apt. #, Etc.

City

Coral Gables FL

State

Zip Code

33146

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

Handwritten signature of Victor Bared

REGISTERED AGENT MUST SIGN

Date

10.18.03

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:

Handwritten signature of Victor Bared

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.18.03 305-871-5449

Date

Daytime Phone #

CR2E040 (7/03)