

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 JUN 19 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000135620

1. Corporation Name

Pan American Securities of Boca Raton, Inc.

2. Principal Office Address

2855 University Drive

Suite, Apt. #, etc.

Suite 520B

City & State

Coral Springs, Florida

Zip

33065

Country

USA

3. Mailing Office Address

PO Box 4452

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

Zip

33338-4452

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12-31-2002

5. EFL Number

71-0920068

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

Glenn D. Whaley

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

2855 University Drive

Suite, Apt. #, etc.

Suite 520B

City

Coral Springs, Florida

State

FL

Zip Code

33065

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

Glenn D. Whaley

REGISTERED AGENT MUST SIGN

Date June 15, 2006

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
Pres	Glenn D. Whaley	2855 University Drive	Coral Springs, FL 33065
Sec'y	M. S Siegel	2855 University Drive	Coral Springs, FL 33065

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:

Glenn D. Whaley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-06

Date

954-649-4810

Daytime Phone #