

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED


08 MAR 25 AM 6:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3-26-08 RJ



REINSTATEMENT 08

DOCUMENT # P05000048066					
1. Entity Name P A FARM LABOR SERVICES, INC.					
Principal Place of Business 1171 NW 55 STREET MIAMI, FL 33127			Mailing Address 1171 NW 55 STREET MIAMI, FL 33127		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 01-0833521	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  AVESCA, PIERRE 1171 NW 55 STREET MIAMI, FL 33127			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVESCA, PIERRE 1171 NW 55 STREET MIAMI, FL 33127 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800121197308 03/25/08--01019--004--**308.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.					
SIGNATURE: <i>Pierre Avesca</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-17-08 786-709-5940 Date Daytime Phone #		
PIERRE AVESCA					

FROM: P.A. FARM LABOR SERVICES  
TO: FLORIDA DEPARTMENT OF STATE

MARCH 12, 2008

GENTLEMEN:

WE ARE SENDING YOU HERewith THE REINSTATEMENT FORM TOGETHER WITH A CHECK FOR \$ 308<sup>85</sup> INCLUDING THE \$ 8<sup>25</sup> FOR A CERTIFICATE OF STATUS. AS PER PHONE CONVERSATION WITH YOUR AGENT WE ARE ONLY REQUIRED TO PAY \$ 300 INSTEAD OF \$ 900 FOR THE REINSTATEMENT DUE TO THE FACT THAT WE HAD NEVER RECEIVED THE ORIGINAL ANNUAL NOTICE CARD IN THE MAIL. SHE HAD AGREED TO WAIVE THE ADDITIONAL \$ 600, AND PROMISED TO NOTE THE RECORDS TO THAT EFFECT

THANKS FOR YOUR COOPERATION AND UNDERSTANDING  
P.A. FARM LABOR SERVICES INC

BY *Piameo Arnesca*