

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000050322

1. Corporation Name

Pangea Ultima Corporation

2. Principal Office Address - No P.O. Box #

8402 Laurel Fair Circle

Suite, Apt. #, etc.

207

City & State

Tampa, FL

Zip

33610

Country

USA

3. Mailing Office Address

8402 Laurel Fair Circle

Suite, Apt. #, etc.

207

City & State

Tampa, FL

Zip

33610

Country

USA

FILED

2011 FEB -3 AM 8:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

900193277599
02/03/11--01043--009 **1050.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

04/07/2006

5. FEI Number
20-4831616

☐ 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

Pedro Valdez

Street Address (P.O. Box Number is Not Acceptable)
19128 Fern Meadow Loop

Suite, Apt. #, Etc.

City
Lutz

State
FL

Zip Code
33558

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

Date **02/01/2011**

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
CEO	Stephen Bracciale	8402 Laurel Fair Circle, Suite 207	Tampa, FL 33610

REINSTATEMENT

RR

10. E-mail Address: **sbracciale@nationalsourcing.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

02/01/2011 813-842-1962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #