

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2015 OCT 20 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

300291460473
10/20/16--01021--018 **1050.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P13000092871

1. Corporation Name

PAN YORK GLADES CORP.

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

135 San Lorenzo Ave.

Suite, Apt. #, etc.

Suite 530

City & State

Coral Gables, FL

Zip

33146

Country

USA

3. Mailing Office Address

135 San Lorenzo Ave.

Suite, Apt. #, etc.

Suite 530

City & State

Coral Gables, FL

Zip

33146

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida
11/14/2013

5. FEI Number

46-4127266

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
No

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Eyal Alfi

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

550 Arvida Parkway

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33156

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

REGISTERED AGENT MUST SIGN

Date 10/17/16

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
P	Eyal Alfi	550 Arvida Parkway	Coral Gables, FL 33156

OCT 20 2016

R. HUNT

REINSTATEMENT

10. E-mail Address: ealfi@panyorkproperties.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:

Eyal Alfi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/16

Date

917 626 0038

Daytime Phone #

CONSENT TO SIMILAR NAME

The undersigned Florida limited liability company does hereby consent and hereby authorize the reinstatement, use and registration of another Florida corporation with a similar name as follows:

PAN YORK GLADES CORP.

IN WITNESS WHEREOF, the undersigned authorized representative of the consenting limited liability company has signed his name this 17 day of October 2016.

PAN YORK GLADES, LLC

By: _____

Eyal Alfi, Manager

OCT 20 2016

R. HUNT