

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

96 DEC 16 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000053195**
1 Corporation Name
**PANACEA IMPORT & EXPORT
COMPANY OF MIAMI, INC.**

Principal Place of Business Mailing Address
**9970 BANYON STREET,
MIAMI,
FL 33157** ← SAME

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

2. New Principal Office Address, If Applicable SAME		3. New Mailing Address, If Applicable SAME		4. Date Incorporated or Qualified To Do Business in Florida 7/29/93	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0427321	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	WINSTON PRENDERGAST	9970 BANYON STREET	MIAMI, FL 33157

800002032398--8
-12/18/96-01047--003
***583.75 ***583.75

REINSTATEMENT 1996
G. Alan

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**JOHN E. KOPSON
7300 W. CAMINO REAL, #126,
BOCA RATON
FL 33433**

Name **JOHN E. KOPSON**
Street Address (P.O. Box Number is Not Acceptable)
7300 W. CAMINO REAL
Suite, Apt. #, Etc.
SUITE 126
City **BOCA RATON** State **FL** Zip Code **33433**

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.

Signature of Registered Agent

John E. Kopson
REGISTERED AGENT MUST SIGN

Date **12-4-96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Winston Prendergast
Prendergast

12/4/96 305 3785761

Date Daytime Phone #

CR2E040 (12/95)