




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | <div style="border: 1px solid black; padding: 5px; display: inline-block;">FILED 08 DEC -1 PM 2:23 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">REINSTATEMENT 02-08</div> | |
| DOCUMENT # P93000057642 | | | | |
| 1. Corporation Name Pacific Realty, Inc. | | | | |
| 2. Principal Office Address - No. P.O. Box # 6602 SW 56 Street <small>Suite, Apt. #, etc.</small> | | 3. Mailing Office Address 9100 S. Dadeland Blvd. <small>Suite, Apt. #, etc.</small> Suite 1600 | | |
| City & State Miami, FL | | City & State Miami, FL | | |
| Zip 33155 | Country US | Zip 33156 | Country US | |
| 7. Name and Address of Current Registered Agent | | 4. Date Incorporated or Qualified To Do Business in Florida 8/17/93 | | |
| Name Jaime Martinez Street Address (P.O. Box Number is Not Acceptable) 6602 SW 56 Street Suite, Apt. #, Etc. | | 5. FEI Number 65-0451790 | | Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | | |
| City South Miami | | State FL | Zip Code 33155 | |
| 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 11/12/2008 | | |
| 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 |
| PS | Eduardo Gonzalez | 4890 SW 85 Street | | Miami, FL 33143 |
| VS | Jaime Martinez | 6602 SW 56 Street | | Miami, FL 33155 |
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| 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:  | | 11/12/2008 Date Daytime Phone # | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | |

12/1/08