

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000087800

1. Corporation Name

PACIFIC FLORIDA HOLDINGS, INC.

Principal Place of Business

Mailing Address

222 LAKEVIEW AVE.
SUITE 140-204
WEST PALM BEACH FL 33411
US222 LAKEVIEW AVE.
SUITE 140-204
WEST PALM BEACH FL 33401
US

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

11924 FOREST HILL BLVD

11924 FOREST HILL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 22-236

SUITE 22-236

City & State

City & State

WELLINGTON, FLA

WELLINGTON, FLA

Zip

Zip

33414

33414

Country

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	DEMETRIADES, MARTHA D	11924 FOREST HILL BLVD., SUITE 22-236	WELLINGTON FL 33411
VP	JOWHAL, JAGDISH		
	WILLIAMS, JAMES R.	4358 STATE ROAD	WEST PALM BEACH FL

9000002820449--4
-03/26/99-01102-007
*****8.00 *****8.009000002820449--4
-03/26/99-01102-008
*****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Laura P. Duff

REGISTERED AGENT MUST SIGN

Date

3/24/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.Yes ☒ No ☐(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jagdish Jowhal, President

Date

3/18/99

Daytime Phone #

CH 44-1776-077771