

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

98 APR 18 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000027039

1. Corporation Name

PAMA REAL ESTATE INVESTMENTS, INC.

Principal Place of Business

~~360 GRECO AVENUE~~

~~SUITE 207~~

~~CORAL GABLES, FL 33146~~

Mailing Address

~~360 GRECO AVENUE~~

~~SUITE 207~~

~~CORAL GABLES, FL 33146~~

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

2. New Principal Office Address, If Applicable

200 S. BISCAYNE BLVD.

Suite, Apt. #, etc.

4815

City & State

MIAMI, FL

Zip

33131

Country

USA

3. New Mailing Office Address, If Applicable

200 S. BISCAYNE BLVD.

Suite, Apt. #, etc.

4815

City & State

MIAMI, FL

Zip

33131

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/08/94

5. FEI Number

65-0559072

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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
1	2	3	4
D/P/T/S	ALESSANDRO ZERBONE	360 GRECO AVENUE, STE. 104	MIAMI, FL 33146

REINSTATEMENT

96-98

4/18/98

8. Name and Address of Current Registered Agent

ALESSANDRO ZERBONE

~~360 GRECO AVENUE~~

~~SUITE 207~~

~~CORAL GABLES, FL 33146~~

9. Name and Address of New Registered Agent

Name

PIERO SALUSSOLIA

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

200 S. BISCAYNE BLVD.

Suite, Apt. #, Etc.

4815

City

MIAMI

State
FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date 04/02/98

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)(i), 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

ALESSANDRO ZERBONE, DIRECTOR

04/01/98 (305)373-7016

Date

Daytime Phone #

CR2504011-98