PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

ab-99

FILED
99 JAN -8 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000027041

1. Corporation Name

PAMA HOLDING INC.

W98000028315

Principal Place of Business	Mailing Address
330 Greco Avenue Suite 104 Coral Gables, FL 33146	200 S. Biscayne Blvd. Suite 4815 Miami, FL 33131

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
330 Greco Avenue	200 S. Biscayne Blvd.
Suite, Apt. #, etc.: Suite 104	Suite, Apt. #, etc.: Suite 4815
City & State: Coral Gables, FL	City & State: Miami, FL
Zip: 33146 Country: USA	Zip: 33131 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: April 8, 1994

5. FEI Number: 65-0486873 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/T/S/D	Alessandro Zerbone	330 Greco Avenue, Suite 104	Miami, Fl 33146
			700002740747--0 -01/13/99--01103--032 ***1058.75 ***1058.75
			ab-99 168 1/8/99 REINSTATEMENT
			700002740747--0 -01/13/99--01103--033 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

~~Alessandro Zerbone~~
~~330 Greco Avenue~~
~~Suite 104~~
~~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.: Suite 4815
City: Miami State: FL Zip Code: 33131

CR2E043 (1/96)

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: 01/05/99

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)(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: Alessandro Zerbone 11/20/98 (305) 373-7016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #