

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 28 PM 3:35

DOCUMENT # *P 94000027099*

1. Corporation Name

PENN 8 8TH, INC.

2. Principal Office Address

16300 N.E., 19 AVE

Suite, Apt. #, etc.

"D"

City & State

NORTH MIAMI BEACH

Zip

FL 33162

Country

N.S.A.

3. Mailing Office Address

16300 N.E. 19 AVE

Suite, Apt. #, etc.

"D"

City & State

NORTH MIAMI BEACH, FL

Zip

33162

Country

U.S.A.

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

04-08-1994

5. FEI Number

65-0480462

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GONZALEZ, ANA. I

800003953438--5

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

13899 BISCAYNE BLVD #110

Suite, Apt. #, Etc.

#110

City

NORTH MIAMI BEACH

State

FL

Zip Code

33181

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

Eva Isabel de Gonzalez
REGISTERED AGENT MUST SIGN

Date *03/19/01*

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
<i>P.</i>	<i>EFRAIN, GONZALEZ</i>	<i>13899 BISCAYNE BLVD SUITE #110</i>	<i>NORTH MIAMI BEACH FL 33181</i>
<i>V.P.</i>	<i>ROLF, JOHNSON</i>	<i>13899 BISCAYNE BLVD SUITE #110</i>	<i>NORTH MIAMI BEACH FL 33181</i>
<i>S.</i>	<i>ANA, GONZALEZ</i>	<i>13899 BISCAYNE BLVD SUITE #110</i>	<i>NORTH MIAMI BEACH FL 33181</i>

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 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

(305)
03/19/01 9872800
Date Daytime Phone #