

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

06 JUN -8 PH 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000073184

1. Corporation Name

P.M.E. - PORT, INC.

2. Principal Office Address

1921 NE 197 Terrace

Suite, Apt. #, etc.

City & State

Miami, FL 33179

Zip

33179

Country

3. Mailing Office Address

1921 NE 197 Terrace

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33179

Country

REINSTATEMENT

CR2E081 (12/05)

03-06-25C

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

10/6/1994

5. FEI Number

650580241

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

Pierre M. Elysee

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

1921 NE 197 Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33179

300076209679

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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

6/2/06

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
P	Pierre M. Elysee	1921 NE 197 Terrace	Miami, FL 33179

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/06

Date

Daytime Phone #