

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000084834 (8)

1. Corporation Name

PACIFIC LINE, INC.

Mailing Address

4001 N.W. 79 AVENUE
MIAMI, FL. 33166

Principal Place of Business

4001 N.W. 79 AVENUE
MIAMI, FL. 33166

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

2. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

97 NOV -3 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida
11/21/1994

5. FEI Number

65-0543950

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)

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
P/S/ T/D	FRANCISCO DUHARTE VILLANUEVA	AVENIDA ARANBURU 839 SAN ISIDRO	LIMA 27 PERU
			3000002338923--9 -11/05/97--01070--006 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

DAZA, IVAN
8312 N.W. 68 ST.
MIAMI, FL. 33166

9. Name and Address of New Registered Agent

Name

ROBERT A. HEILMAYER

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

4001 N.W. 79 AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

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

10/30/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

(See other side for
additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

FRANCISCO DUHARTE VILLANUEVA

Date

Daytime Phone #

10/30/97

CR2040 (5/94)