

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY 26 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA4000088073**

1. Corporation Name

PAIRS INTERNATIONAL, INC

2. Principal Office Address

318 INDIAN TRACE

Suite, Apt. #, etc.

158

City & State

WESTON FL

Zip

33326

Country

USA

3. Mailing Office Address

318 INDIAN TRACE

Suite, Apt. #, etc.

158

City & State

WESTON FL

Zip

33326

Country

USA

REINSTATEMENT

99-10

4. Date Incorporated or Qualified To Do Business in Florida

11/30/94

5. FEI Number

65-0629670

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

SETH EISENBERG

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

318 INDIAN TRACE

Suite, Apt. #, Etc.

158

City

WESTON

State

FL

Zip Code

33326

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******308.75 ****308.75**

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

5-24-00

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
ATISN	SETH EISENBERG	318 INDIAN TRACE	WESTON FL 33326

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:

[Handwritten Signature]

SETH D. EISENBERG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-24-00

Daytime Phone #

9543897565

CR2E081 (9/99)