

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



98 AR

APPLICATION
FOR
REINSTATEMENT

DOCUMENT # 95000009750

1. Corporation Name Pacific Physiological Lab.
Corp.

FILED

98 APR 17 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address Principal Place of Business
P.O. Box 166241 5757 SW 8 St.
Miami FL 33146 Miami FL 33144

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

2. New Mailing Address, If Applicable
P.O. Box 166241

3. New Principal Office Address, If Applicable
5757 SW 8 St.

4. Date Incorporated or Qualified
To Do Business in Florida

DO NOT WRITE IN THIS SPACE

5. FEI Number

Applied For

65 0567088

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

City & State
Miami FL

City & State
Miami FL

Zip Country
33146 Dade

Zip Country
33144 USA

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	Daymi Dussan	12384 SW 252 Terr Miami FL 33032	Miami FL 33032
NEW P	Julio Maiza	11270 SW 17 Ave Miami FL 33167	Miami FL 33167

8. Name and Address of Current Registered Agent

Daymi Dussan
12384 SW 252 Terr.
Miami, FL 33032

9. Name and Address of New Registered Agent

Name Julio Maiza
Street Address (P.O. Box Number is Not Acceptable)
11270 SW 17 Ave
Suite, Apt. #, Etc.
City Miami State FL Zip Code 33167

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

Signature of
New Agent

Date

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

Date

Daytime Phone #

CR0040 (5-94)