

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 OCT 22 AM 10: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000023704

1. Corporation Name

P F INTERNATIONAL ASSOCIATES, INC.

Principal Place of Business

Mailing Address

129 N.W. 106TH AVENUE
PLANTATION FL 33324

129 N.W. 106TH AVENUE
PLANTATION FL 33324

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

2. New Principal Office Address, If Applicable

9624 NW 7 Circle

Suite, Apt. #, etc. SUITE 1522

City & State PLANTATION, FL

Zip 33324 Country USA

3. New Mailing Office Address, If Applicable

9624 NW 7 Circle

Suite, Apt. #, etc. SUITE 1522

City & State PLANTATION, FL

Zip 33324 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/1995

5. FEI Number

APPLIED FOR

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	4 City / State / Zip
D	PAIVA, RICARDO W	129 N.W. 106TH AVENUE	PLANTATION FL 33324
S	FUGARO, FLAVIA e Delete	129 N.W. 106TH AVENUE	PLANTATION FL 33324
S	ALVES, ANDREIA P.	9624 NW 7 Circle #1522	PLANTATION, FL 33324
P&D	PAIVA, RICARDO W.	9624 NW 7 Circle #1522	PLANTATION, FL 33324
			900004669089--8 -11/06/01--01058--010 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PAIVA, RICARDO
129 N.W. 106TH AVENUE
PLANTATION FL 33324

Name PAIVA, RICARDO
Street Address (P.O. Box Number is Not Acceptable)
9624 NW 7 Circle
Suite, Apt. #, Etc. SUITE 1522
City PLANTATION State FL Zip Code 33324

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

[Signature] PAIVA, RICARDO
REGISTERED AGENT MUST SIGN

Date

10/17/2001

11. 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] PAIVA, RICARDO 10/17/2001 (954) 424-3066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (8/01)