PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 27 AM 8:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000036482 (4)

1 Corporation Name

Pan America Entertainment, Inc.

Principal Place of Business

177 Ocean Lane Dr.
#119
Key Biscayne, FL 33149

Mailing Address

Same

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

REINSTATEMENT 96cw

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable	3 New Mailing Address, If Applicable
177 Ocean Ln. Dr.	
Suite, Apt. #, etc. 119	Suite, Apt. #, etc.
City & State Key Biscayne, FL	City & State
Zip 33149 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 05/04/95

5. FEI Number 65-0646670 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒ ($30.00 Additional Fee Required for Certificate of Status)

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	Wight, Geoffrey P.	177 Ocean Ln. Dr. #119 ~~Key Biscayne~~	Key Biscayne, FL 33149
~~—~~	~~Blank, Michael A~~	~~44 Cocoanut Row~~	~~Palm Beach, FL 33480~~
	Delete as Agent		
			600002046376--0
			-01/06/97--01017--010
			****383.75 ****383.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~Wight, Geoffrey P~~ ~~Blank, Michael A~~ Delete as Agent 44 Cocoanut Row Palm Beach, FL 33480	Name: Wight, Geoffrey P. Street Address (P.O. Box Number is Not Acceptable): 177 Ocean Ln. Dr. Suite, Apt. #, Etc.: 119 City: Key Biscayne State: FL Zip Code: 33149

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 _____ Date 12/26/96

REGISTERED AGENT MUST SIGN

11. 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.)

12 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: Geoffrey P. Wight 12/12/96 305/361-8522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (12/95)