

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

97 MAR 12 AM 11:02

Read Instructions on Other Side Before Making Entries
Make Check Payable To: **Department of State**

1. Name and Mailing Address of Corporation: **DOCUMENT # P95000067702**

AR: P-C, INC.
Avenida 82, No. 7-22
Bogota, Columbia

REINSTATEMENT 96+97

mwb

2. If Address in Block 1 is incorrect in any way, enter the correct address below:
ALTA MIRASSEL, FLORIDA

Address
1220 Messina Avenue

City and State
Coral Gables, FL 33134

3. If Principle Office Address is different from mailing address, enter address below:

Address
Avenida 82, No. 7-22

City and State
Bogota, Columbia

4. Date Incorporated or Qualified
To Do Business in Florida
8/30/95

5. FEI Number
#

FEI Number Applied For

FEI Number Not Applicable

6. **\$8.75** Additional Fee required
for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

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
D/P/T	Claudio Andrade Blanco	Avenida 82, No. 7-22	Bogota, Columbia
S	J. David Pena	1220 Messina Avenue	Coral Gables, FL 33134

6000002112586--3
-03/13/97--01069--013
****\$15.00 ****\$15.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

J. David Pena
1220 Messina Avenue
Coral Gables, FL 33134

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State

FL.

Zip

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.

REGISTERED AGENT MUST SIGN

Date **3/10/97**

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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 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.

J. David Pena
J. David Pena Secretary

Date **3/10/97**

Daytime Phone # **(305)372-0182**

CR2E040 (8-92)