PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED SECRETARY OF STATE DOCUMENT # \$9500009346 8 98 APR 30 PM 12: 45 1. Corporation Name
PEMB, Inc.
1200 BRICKELL AVENUE, SUITE 1500
MIMMI, FL. 33/3/
Principal Place of Business
Mailing Address c/o PORRAmena CARP 010 TERRATEVA CORP CO TERRATEUR COR 1200 BRICKELL AUG., SUITEISOU SUITE 1500 MIAMI, R. 33131 MIAMI, R. 33131 300002513973--**j** -05/06/98--01106--009 MIMMI, R. 33131 \*\*\*\*900.00 \*\*\*\*900.00 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip SUITE 1500 1200 BRICKELL ALE MINNIPE MIAMI, PZ. 33/3/ MI mm, FC 33/31 1200 BRICKELL AND SURF 1500 1200 SRICKELL MIAMI, FC. 33/3/ 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent TERAMONA CORP. 1200 BRICKELL ALT SUITE 1500 TERRAMOUR Street Address (P.O. Box Number is Not Acceptable) MIAMI, Fr. 33131 Suite, Apt. #, Etc. State | Zip Code 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 STEATHEN H. BITTL RES. TRANSVA REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year was ruco But Does not due (See other side for information Yes L Intangible Personal Property tax due June 30. 12. 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. STOPHON H. SITTE PRISING 4/23/98 (305)358-5700