

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 OCT 30 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000010491

1. Corporation Name

PAMARO, INC.

Principal Place of Business

4696 S.W. 32ND AVE.  
FT. LAUDERDALE FL 33312

Mailing Address

4696 S.W. 32ND AVE.  
FT. LAUDERDALE FL 33312

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.  
3551 SW CR 347

City & State  
CEDAR KEY, FLORIDA

Zip 32625 Country USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. PO Box 907

City & State CEDAR KEY

Zip 32625 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/29/1996

5. FEI Number

65-0650280

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	RIMAVICUS, MARY	4696 S.W. 32ND AVE.	FT. LAUDERDALE FL
D	RIMAVICUS, PAUL A	4696 S.W. 32ND AVE.	FT. LAUDERDALE FL 33312
			100003463841-0 -11/15/00--01032--001 ****750.00 ****750.00
			REINSTATEMENT 02

8. Name and Address of Current Registered Agent

RIMAVICUS, MARY  
4696 S.W. 32ND AVE.  
FT. LAUDERDALE FL 33312

9. Name and Address of New Registered Agent

Name

RIMAVICUS, MARY

Street Address (P.O. Box Number is Not Acceptable)

3551 SW CR 347

Suite, Apt. #, Etc.

City

CEDAR KEY

State

FL

Zip Code

32625

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

Mary Rimavicus  
REGISTERED AGENT MUST SIGN

Date 10-25-00

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:

Mary Rimavicus  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-00  
Date

352-543-5234  
Daytime Phone #

CR2E040 (8/00)