

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000077941

1. Corporation Name

PACT COMMUNICATION GROUP, INC.

Principal Place of Business

1855 N.E. 208TH TERRACE
MIAMI FL 33179

Mailing Address

1855 N.E. 208TH TERRACE
MIAMI FL 33179

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

2. New Principal Office Address, If Applicable

2740 E. Oakland Pk. Blvd.
Suite, Apt. #, etc.
202

City & State

Ft. Lauderdale Florida

Zip
33306

Country
Broward

3. New Mailing Office Address, If Applicable

2740 E. Oakland Pk. Blvd.
Suite, Apt. #, etc.
202

City & State

Ft. Lauderdale Florida

Zip
33306

Country
Broward

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4. Date Incorporated or Qualified
To Do Business in Florida

09/18/1996

SP

5. FEI Number

65-0726349

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
Director	Edward L. Flory	570 SE 14th Street	Pompano Beach FL 33060
Secretary	Soraya Simona	14611 SW 152nd Street	Miami Florida 33306

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****758.75 ****758.75

8. Name and Address of Current Registered Agent

FLORY, EDWARD L
2805 E. OAKLAND PARK BLVD., #374
FT. LAUDERDALE FL 33306

9. Name and Address of New Registered Agent

Name
Edward L. Flory
Street Address (P.O. Box Number is Not Acceptable)
570 SE 14th Street
Suite, Apt. #, Etc.
City
Pompano Beach
State
FL
Zip Code
33060

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

Edward L. Flory
REGISTERED AGENT MUST SIGN

Date 10/15/99

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:

Edward L. Flory
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/99

Date

Daytime Phone #