PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

É APPLICATION É FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #P90000102587

PACIFICA EMBROIDERY, INC.

FILED

99 DEC 23 AMII: 41

SECRETARY OF STATE TALLAHASSEE, FLORID

Principal Place of Business

Mailing Address

1100 Main Street
Daytona Beach. FL 32118

Dayt	ona Bea	ich, FL 32118				reins	TATEMENT	90	
		incorrect in any way, line th Address, If Applicable			nter correction below.			المنابعة المستاد المنابعة المن	
Z. New Prin	ісіраі Опісе А	address, II Applicable	New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 12/19/1996			
Suite, Apt. #	, etc.		Suite, Apt. #	, etc		5. FEI Number Applied For			
City & State			City & State			FO 2/16206		Not Applicable	
Zip Country			Zip Countr		puntry	6. CERTIFICAT	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee require for a Certificate of Status		
7. Names a	ind Street Add	dresses of Each Officer and	/or Director (Fk	orida nonprofit cor	porations must list at le	east 3 directors)			
Title(s)	Name of Officers and/or Directors			3 (Do NO	Street Address of Eac Officer and/or Directo T Use Post Office Box	or	City / State / Zip		
PTD	PTD Ghobeira, Charles S.			1100 Main Street			Daytona Beach, FL 32118		
VP Farhat, Tanios			117 Sawtooth Lane			Ormond Beach, FL 332174			
	15 11								
						50	00030875 -01/04/0001	5558 064020	
Ì							****750.00	**** ^{750.00}	
								- traces	
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent			
					Name Michael	Michael A. Van Houten			
Amerilawyer Chartered						Street Address (P.O. Box Number is Not Acceptable)			
Coral Gables, FL 33134						114 South Palmetto Avenue Suite, Apt. #, Etc.			
						Daytona Beach			
10. I, being Signature of Registered A		registered agent of the abo	Vank	pration am familia		obligations of Secti	on 607.0505, F.S. Date 12-22-99		
		ration owes the Personal Prope). Yes	□ No ⊠	(See other side on intang		
12. I certify t	hat I am an oi tatement app	fficer or director or the rece lication, the reason for diss	iver or trustee er olution has been	npowered to exec eliminated, the co	cute this application as o	provided for in cha	opter 607 or 617, F.S. t further o of section 607.0401 or 617.040	ertify that when filing)1, F.S., that all fees	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12. 22-99

9°4 334.7607

Daytime Phone #