Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT
PANGAEA SYSTEMS INCORPORATED

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000008736

REINSTATEMENT 09-12

1. Corporation Name

Pangaea Systems, Inc.

CR2E083 (11/10)

2. Principal Office Address - no P.O. Box #		3. Mailing Office Address	
510 South Congress Avenue		2190 Carmel Valley Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 202		Suite D	
City & State		City & State	
Austin, TX.		Del Mar, CA	
Zip	Country	Zip	Country
78704	USA	92014	USA

4. Date Incorporated or Qualified To Do Business in Florida 01/29/1997

5. FEI Number 593439188 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $5.00 additional fee required

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Connie Bass — REGISTERED AGENT MUST SIGN — Date: 01/30/2012

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Michael T. Lucas	2190 Carmel Valley Rd., Suite D	Del Mar, CA. 92014
Secretary	James Leickly	114 Misty Oak Place	Columbus, OH. 43230

10. E-mail Address: dorothy.starns@pangea.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the registrant 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: MICHAEL LUCAS PRESIDENT — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 1-24-2012 — Date — 858 461 4488 — Daytime Phone #

FLR1D - 01/19/2011 CT System Online

JAN 30 2012
J. BUTLER

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