

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 28 AM 10: 38

DOCUMENT # P97000014449

1. Corporation Name

PAN AM LIQUIDATING CORP.

Principal Place of Business

Mailing Address

8300 N.W. 36 STREET
MIAMI FL 33178

8300 N.W. 36 STREET
MIAMI FL 33178

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

2. New Principal Office Address, If Applicable
8578 N.W. 23rd Street
Suite, Apt. #, etc.
Bldg. 18 (Beacon Centre)

3. New Mailing Office Address, If Applicable
200 South Biscayne Blvd.
Suite, Apt. #, etc.
Suite 900

City & State
Miami, Florida

City & State
Miami, Florida

Zip Country
33122 USA

Zip Country
33131-2321 USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/1997

5. FEI Number

65-0830472

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
D	LUZINSKI, JOSEPH J.	8300 N.W. 36 STREET	MIAMI FL 33178
D	LUZINSKI, JOSEPH J.	200 SOUTH BISCAYNE BLVD. #900	MIAMI, FL 33131-2321

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***758.75 ***758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LUZINSKI, JOSEPH
%DEVELOPMENT SPECIALISTS, INC.
200 SOUTH BISCAYNE BLVD., #900
MIAMI FL 33131

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

X

REGISTERED AGENT MUST SIGN

Date 10/25/99

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH J. LUZINSKI

10/25/99 (305) 374-2717

Date

Daytime Phone #

AD