

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 OCT 19 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000027025

1. Corporation Name

PAN AMERICAN UNIVERSITY FOUNDATION, INC.

Principal Place of Business

Mailing Address

700 1ST AVE SW
LARGO FL 33770
US

700 1ST AVE SW
LARGO FL 33770
US

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

2. New Principal Office Address, If Applicable

710 1ST AVE SW

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

710 1ST AVE SW

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/1997

5. FEI Number

59-3436172

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	CARGILL, CAROL J	369 12TH AVENUE	INDIAN ROCKS BCH FL 33785
		14243 JOEL CT.	LARGO FL 33774
			200003436872--8 -10/24/00--01067--003 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BELL, DRUCILLA E P.A.
11497 - 65TH AVENUE, NORTH
SEMINOLE FL 33772-6608

Name

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

830 Fourth AVE NW

Suite, Apt. #, Etc.

City

LARGO

State

FL

Zip Code

33770-2315

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/17/2000

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CAROL J CARGILL 10-17-00

Date

Daytime Phone #

KE

CR2E040 (8/00)