

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 FEB 21 PM 12:39

**DOCUMENT # P97000037865**

1. Corporation Name

P.M. - R.M., INC

2. Principal Office Address - No P.O. Box #

1332 Ocean Dr.

Suite, Apt. #, etc.

C6-C17

City & State

MIAMI BEACH

Zip

33139

Country

USA

3. Mailing Office Address

4560 SHERIDAN AVE

Suite, Apt. #, etc.

City & State

MIAMI BEACH

Zip

33140

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

04/28/1997

5. FEI Number

650752199

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

MARGARITA ANDRADE

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

4560 SHERIDAN AVE

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33140

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 2/20/08

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	MARGARITA ANDRADE	4560 SHERIDAN AVE	MIAMI BEACH, FL 33140

REINSTATEMENT

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03-08

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03/12/08--01005--013 \*\*900.00

10. 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 contained in Chapter 119, 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:

MARGARITA ANDRADE

Date

2/20/08 (561)5424497

Daytime Phone #