

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000068093

1. Corporation Name

PARG CONCESSIONS, INC.

Principal Place of Business

~~208 VALENCIA~~  
CORAL GABLES FL 33134

Mailing Address

~~208 VALENCIA~~  
CORAL GABLES FL 33134

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

2. New Principal Office Address, If Applicable

MIAMI INTERNATIONAL AIRPORT

Suite, Apt. #, etc.

CONCOURSE F - 2ND FLOOR

City & State

MIAMI, FL.

Zip

33299

Country

USA

3. New Mailing Office Address, If Applicable

410 West Marriott Services

Suite, Apt. #, etc.

P.O. BOX 998015

City & State

MIAMI, FL.

Zip

33299

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

08/06/1997

5. FEI Number

65-0772785

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	RIERA-GOMEZ, PAULA A	208 VALENCIA AVE - MIAMI AIRPORT CONCOURSE F 2ND FLOOR MIAMI, FL 33299	CORAL GABLES FL 33134

100004677921-0  
-11/14/01--01014--010  
\*\*\*\*750.00 \*\*\*\*750.00

AB 11/13

8. Name and Address of Current Registered Agent

POWELL, NORMAN C  
200 SOUTH BISCAYNE BLVD SUITE 2100  
MIAMI FL 33134

9. Name and Address of New Registered Agent

Name THOMAS J. KERGE  
Street Address (P.O. Box Number is Not Acceptable)  
230 Palermo Ave.  
Suite, Apt. #, Etc.  
City Coral Gables State FL Zip Code 33134

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 Thomas J. Kerge SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-24-01

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: Thomas J. Kerge SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-24-01 305-869-1854  
Daytime Phone #

CR2040 (8/01)