

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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~~CORPORATION~~
~~REINSTATEMENT~~



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 30 PM 4:00

DOCUMENT # P97000102074

1. Corporation Name
PAN AMERICAN FINANCIAL GROUP

2. Principal Office Address
6595-NW 36 St. Suite 113
Miami - FL 33166

Suite, Apt. #, etc.
Suite 113

City & State
Miami, FL

Zip 33166 Country USA

3. Mailing Office Address:
6595-NW 36 St.

Suite, Apt. #, etc.
Suite 113

City & State
Miami FL

Zip 33166 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0797912

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
Lister Roberto Natali, Jr.

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

18 DE LEON DR.

Suite, Apt. #, Etc.

City
Miami Springs

600004216948 -- 0
-05/15/01--01057--010
****300.00 ****300.00

State FL Zip Code 33166

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

Date 03-26-01

REGISTERED AGENT MUST SIGN

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
President	Lister Roberto Natali, Jr.	18 Deleon Dr.	Miami, FL 33166

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 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

03-26-01 (305)-710-7834
Date Daytime Phone #

CR2E081 (9/00)



Panamerican Financial Group

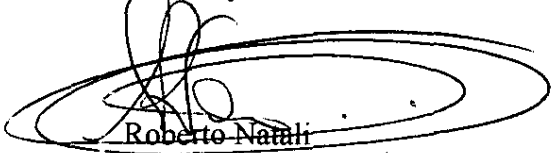
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3-27-01

To Whom It May Concern:

Please accept this \$300.00 check for the Reinstatement fee. This company never received this form in 2000 or 2001. I called to request this form because our neighbor who has a company next to ours, who does not speak English very well asked me to translate this form for him and after reading it I noticed since we moved to this new address in Jan. 2000 we never received this form. I called and requested one and once I received it I called your office and explained the situation and I was told that in 1998 and 1999 our company did fill this form out and pay the fee which is when this company was at its old address and the Secretary took care of this, who no longer works for me. Now that I am aware of this I will start taking care of this myself. Please accept this, this one_time. I will make sure to pay on time in the years to follow.

Sincerely,



Roberto Natali