

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

AND

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SECRETARY OF STATE,
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P98000013125**

1. Corporation Name

DITCO PACIFIC, INCORPORATED

2. Principal Office Address

100 Biscayne Blvd #500
Miami, FL 33132

3. Mailing Office Address

same as #2

Suite, Apt. #, etc.

Suite 500

Suite, Apt. #, etc.

City & State

Miami, FL 33132

City & State

Zip

33132

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ Applied For☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$6.75 Additional fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PARACORP, INCORPORATED

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

236 E. 6th Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32303

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

See attachment

Date

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	RALPH DAILEY	100 Biscayne Boulevard #500	Miami, FL 33132
Secy	DAVID MONLUN	6033W. Century Blvd Suite 1190	Los Angeles, CA 90045
CFO	RALPH DAILEY	same as above	
Dir	RALPH DAILEY	same as above	
Dir	DAVID MONLUN	same as above	

REINSTATEMENT 2000

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:

RALPH DAILEY, PRES.

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/2000

954-328-2890

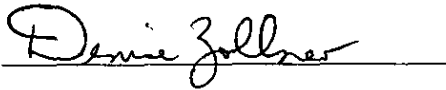
STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 11/17/00

ENTITY NAME: DITCO PACIFIC, INCORPORATED

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

A handwritten signature in cursive script, reading "Denise Zollner", is written over a horizontal line.

Denise Zollner, Assistant Secretary
Paracorp Incorporated
236 E. 6TH AVE
TALLAHASSEE, FL 32303