

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 16 PM 12:33

DOCUMENT # P98000047662

1. Corporation Name

PACIFIC FOREST HOLDINGS INC.

Principal Place of Business

Mailing Address

1492 SOUTH MIAMI AVENUE
SUITE 202
MIAMI FL 33130

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SUITE 202
MIAMI FL 33130

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

2. New Principal Office Address, if Applicable

8801 NW. 23rd ST.

Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

SAME AS PRINCIPAL

Suite, Apt. #, etc.

City & State

MIAMI, FL. 33172

City & State

Zip

Country

Zip

Country

REINSTATEMENT 99

4. Date Incorporated or Qualified
To Do Business in Florida

05/28/1996

5. FEI Number

65-0846295

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$5.75 Add'l Fee Required for processing of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRES	ANDRES DELGADO	8801 NW. 23rd ST. MIAMI, FL. 33172	780002060507--8 -12/03/99--01095--008 *****750.00 *****750.00
VP	ELIZABETH GOITIA	8801 NW. 23rd ST. MIAMI, FL. 33172	780002060507--8 -12/03/99--01095--009 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAG
101 MADEIRA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name
INAKI SAIZARBITORIA, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
1492 S. MIAMI AVE.
Suite, Apt. #, Etc.
SUITE 203
City
MIAMI, FL.
State
FL
Zip Code
33130

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of

Registered Agent

[Signature] REGISTERED AGENT MUST SIGN

Date

11/5/99

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AD