## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	
REINSTATEMEN	T



## FLORIDA DEPARTMENT OF STATE Jim Smith

02 DEC 13 AM 8: 18 SLEVEN SEEF FIORIDA

REINSTATEMENT	DIVISION OF C	y of State ORPORATIONS		TALLAHASSEL, FLORING				
DOCUMENT # P 98 Ø	φφφ 5568	3 <b>ø</b>	<del>-</del> , -,					
Panamerican Cellu	plar Inc.							
2. Principal Office Address 3. Mailing Office Address 3.541 N.W. 115th Avenue 13372 NW 11th Street				99.6				
Suite, Apt. #, otc	Suite, Apt. #, etc		*.s- <u>-</u>		porated or Qualified iness in Florida	06/22/19	00	
City & State Miami, FLorida	City & State Pembroke Pines, Florida							
Zip Country USA	33028	Country	A	6. CERTIFICATE OF STATUS DESIRED of 50.75 Additional Fee required for a Certificate of Status				
	7. Name and A	ddress of Curre	ent Register	ed Agent				
Name Raul A. R	odriguez c							
Street Address (P.O. Box Number is N 13372 N.W		2.t .		1271	9/02-0109	507410 7023 * <b>48</b>	) 1007#	
Suite, Apt. #, Etc.				I tar a	wru wa wa		7.7.0	
city Pembroke/	City Pembroke/ Pines,					33028.		
8. I, being appointed the registered agent of the abo	ove named Corporation, am f	afilliar with and	accept the ol	bligations of secti		_	Z R2E081 (9/01)	
Signature of Registered Agent Registered Agent	EGISTERED AGENT NUST	SIGN			Date /2	/11/2008	CR2E	
9. Names and Street Addresses of Each officer an	d/or Director (Florida nonpro	fit corporations r	nust list at le	ast 3 directors)				
Titles Name of Officers and/or Directors	Street Address of Eacl Officer and/or Directo							
D Raul A. Rodnig	ve) 133	72 NW	IHA	street	Pem brok	le Pines, fl 3	33028	
D Sonia Rodriguej	V. 1337	2 NW	ustr	reet	Rembrok	le Pines, FL	33028	
D Carlos H. Rodnie	que, 1337	2 NN	114h S	treet	Pembroke	Pines, FL	33028	
				190	\ <u>\</u>			
				J.	<b>\</b>			
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10. I certify that I am an officer or director or the rece this reinstatement application, the reason for dis owed by the corporation have been paid and the on this application is true and accurate, and my	solution has been eliminated, rames of individuals listed o	, the corporate no	ame satisfies	the requirements	of section 607.040	1 or 617.0401, F.S., th	hat all fees	

SIGNATURE: RAVL A. RODRIBUEL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/2002 Date

305-629 8444

Daytime Phone #