

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. D

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 APR 16 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000036991

1. Corporation Name

PACIFIC REAL ESTATE HOLDINGS, INC.

100150706411
04/16/09--01046--012 **1200.00
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

1450 Madruga Ave

3. Mailing Office Address

1450 Madruga Ave

Suite, Apt. #, etc.

408

Suite, Apt. #, etc.

408

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33146

Country

USA

Zip

33146

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-1011538

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

Jorge Luis Lopez-Garcia, Esq.

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

1450 Madruga Ave

Suite, Apt. #, Etc.

408

City

Coral Gables

State

FL

Zip Code

33146

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

4/3/09

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
D	Atala, Camilo	1450 Madruga Ave # 408	Coral Gables, FL 33146
DVP	De Atala, Victoria F	1450 Madruga Ave # 408	Coral Gables, FL 33146
DT	Atala, Javier	1450 Madruga Ave # 408	Coral Gables, FL 33146
DP	Atala, Juan	1450 Madruga Ave # 408	Coral Gables, FL 33146
REINSTATEMENT RH			

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 contained in Chapter 119, 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/19/2009

Daytime Phone #

(305) 365-8380