

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. D

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P99000036991**

1. Corporation Name  
**PACIFIC REAL ESTATE HOLDINGS, INC.**

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

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

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 \_\_\_\_\_ Date 4/3/09

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
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: \_\_\_\_\_ Date 3/19/2009 Daytime Phone # (305) 365-8380

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR