

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 8:13

DOCUMENT # P99000056696

1. Corporation Name

PAN AMERICAN NETWORK SERVICES, CORP.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500023760155

10/13/03--01088--023 \*\*375.00

Principal Place of Business

Mailing Address

505 NE 125 STREET  
MIAMI FL 33161

2636 SW 129 TERRACE  
~~HOLLYWOOD~~ FL 33027

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

2. New Principal Office Address, If Applicable

1820 NE 163<sup>rd</sup> STREET

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

2636 SW 129<sup>th</sup> Terr.

City & State

N.M. BEACH, FL

City & State

MIRAMAR, FL

Zip

33162

Country

USA

Zip

33027

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/23/1999

5. FEI Number

65-1011954

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MARTIN, PIERRE M	1510 N.E. 162 STREET	MIAMI FL 33162
TR	BELONY, GARY	1510 N.E. 162 STREET	MIAMI FL 33162
S	MOISE, JEAN MAY	1510 N.E. 162 STREET	MIAMI FL 33162
VP	CHERUBIN, JEAN A	1510 N.E. 162 STREET	MIAMI FL 33162

8. Name and Address of Current Registered Agent

CHERUBIN, JEAN A  
1510 N.E. 162 STREET  
MIAMI FL 33162

9. Name and Address of New Registered Agent

Name

PIERRE M MARTIN

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

2636 SW 129<sup>th</sup> TERRACE

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]* SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/07/03

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

10/07/03

Daytime Phone #

(305) 4854119

CR2040 (7/03)