PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPLICATION FOR REINSTATEMENT

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

FILED
H00000057133 STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 31 AM 10:26

DOCUMENT # P99000099667

1. Corporation Name

PALS ACQUISITIONS, INC.

Principal Place of Business	Mailing Address
727 HERITAGE WAY WESTON FL 33326	727 HERITAGE WAY WESTON FL 33326

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

REINSTATEMENT

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/12/1999

5. FEI Number: 65-0960574 ☐ 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
D	PARTENZA, LOUIS	727 HERITAGE WAY	WESTON FL 33326

8. Name and Address of Current Registered Agent

AGIM REGISTERED AGENTS, INC.
1200 BRICKELL AVENUE, SUITE 900
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name: AGI REGISTERED AGENTS, INC.
Street Address (P.O. Box Number is Not Acceptable): 1200 Brickell Avenue, Suite 900
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 33131

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.

Signature of Registered Agent: President Date: 10/30/00
REGISTERED AGENT MUST SIGN

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.

AD

SIGNATURE: [signature] 10/24/00 954 217 4810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LOUIS F PARTENZA PRESIDENT

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H00000057133 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. *Doing so will generate another cover sheet.*

To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : AGI REGISTERED AGENTS, INC.
Account Number : I20000000205
Phone : (305)416-6800
Fax Number : (305)416-6811

CORPORATION REINSTATEMENT

PALS ACQUISITIONS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$758.75

Electronic Filing Menu Corporate Filing Public Access Help