

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN 14 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

532448
PA INSTRUMENTS, INC
1221 S. 21 AVE.
HOLLYWOOD, FL 33020

Principal Place of Business

Mailing Address

1221 S 21 AVE
HOLLYWOOD, FL 33020

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

2. New Principal Office Address, If Applicable

SAME AS ABOVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 98-0

4. Date Incorporated or Qualified
To Do Business in Florida

2/15/1991

5. FEI Number

65-0240645

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	RAMON PEREZ	1912 SOUTH OCEAN DR APT 16D	HALLANDALE BEACH, FL 33009
V.P.	HUGO ARENCIBIA	1912 SOUTH OCEAN DR	HALLANDALE BEACH, FL 33009
			3000031285.23-9 -02/08/00 --01134--012 ***1050.00 ***1050.00
			TS 900.00 AR
			161.25-AR
			88.75-AR

8. Name and Address of Current Registered Agent

RAMON PEREZ
1912 SOUTH OCEAN DR
HALLANDALE BEACH, FL 33009

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

12/14/95

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAMON PEREZ

Date

Daytime Phone #

12/14/99 954 9201933