


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

11 FEB 23 PM 4:38

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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S44381**

1. Corporation Name
Pan American Technical Services, Inc.

600195799076
02/23/11--01023--005 **8.75
600195799076
02/23/11--01023--004 **3750.00

2. Principal Office Address - No P.O. Box # 12042 Jewel Fish Lane		3. Mailing Office Address 12042 Jewel Fish Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc. c/o TechServ Inc.	
City & State Orlando, Florida		City & State Orlando, Florida	
Zip 32827-7141	Country U.S.A	Zip 32827-7141	Country U.S.A.

CR28081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida **April 10, 1991**

5. FEI Number **37-1622891** 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
Leonard O. Townsend, Esquire

Street Address (P.O. Box Number is Not Acceptable)
3740 South Ocean Boulevard

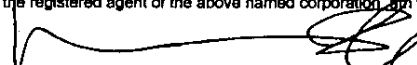
Suite, Apt. #, Etc.
Unit 303

City
Highland Beach

State
FL

Zip Code
33487

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  **Leonard O. Townsend** Date **February 18, 2011**

REGISTERED AGENT MUST SIGN

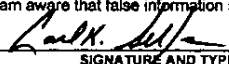
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Carl K. Selfe	12042 Jewel Fish Lane	Orlando, Florida 32827-7141
P	Carl K. Selfe	12042 Jewel Fish Lane	Orlando, Florida 32827-7141
S	Carl K. Selfe	12042 Jewel Fish Lane	Orlando, Florida 32827-7141
			S. HAWKES
			JAN 23 2011
			EXAMINER

10. E-mail Address: **ckselfe@aol.com lentownsend@gmail.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:  **CARL K. SELFE, PRESIDENT** Date **2/18/2011** (703) 989-7494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR