

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL
FILED

03 OCT 24 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V 14043

1. Corporation Name
PAM Corp.

HR

REINSTATEMENT 96-03

700024091607
10/24/03--01060--015 **1808.75

2. Principal Office Address
140 Royal Palm Way

3. Mailing Office Address
140 Royal Palm Way

Suite, Apt. #, etc.
205

Suite, Apt. #, etc.
205

City & State
Palm Beach, FL

City & State
Palm Beach, FL

Zip
33480

Country
USA

Zip
33480

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 2/14/92

5. FEI Number
650321529

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
Robert G. Simses

Street Address (P.O. Box Number is Not Acceptable)
140 Royal Palm Way

Suite, Apt. #, Etc.
Suite 205

City
Palm Beach

State
FL

Zip Code
33480

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 *Robert G. Simses*

Date 10/22/03

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
P	William J. Michaelcheck	780 Third Avenue - 16th Floor	New York, NY 10017
T	Charles R. Howe, II	780 Third Avenue - 16th Floor	New York, NY 10017

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 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

Charles R. Howe II 10/17/2003

Date

Daytime Phone #

CR2E081 (10/02)