

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY 25 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V63441

1. Corporation Name

PEMA INVESTMENTS & MANAGEMENT INC

2. Principal Office Address

5402 LOMA VISTA LOOP

Suite, Apt. #, etc.

City & State

Davenport, FL

Zip

33896

Country

USA

3. Mailing Office Address

5402 LOMA VISTA LOOP

Suite, Apt. #, etc.

City & State

Davenport, FL

Zip

33896

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 09/08/1992

5. FEI Number

593145673

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

SATISH PEMA

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

5402 LOMA VISTA LOOP

Suite, Apt. #, Etc.

City

Davenport

State
FL

Zip Code

33896

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

SR

Date 05/22/06

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
PRES.	SATISH PEMA	5402 LOMA VISTA LOOP	Davenport, FL 33896
			400076252684 06/18/06--01015--006 **458.75

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 contained in Chapter 119, 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:

SR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/22/06

Date

863 424 5875

Daytime Phone #

SATISH PEMA ^{PH: 863 424 5875}
5402 LOMAVISTA Loop
DAVENPORT
FL 33896.

RE: Pema Investment & Management
INC.

Date 05-22-06

TO Dept. of State
Division of Corporations

Dear Sir/Madam

My Business under this Corporation was totally
Shut down due to the Hurricanes of 2004 and the Annual
Report were sent to my previous accountant and I did
not receive them. The Corporation has been in active
since then and I am planning to restart another business
now.

Please feel free to call me if you require further
information.



SATISH PEMA.

PH: 863 424 5875