

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 22. PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N38363**

1. Corporation Name
Pan American Society of Artists, Inc.

2. Principal Office Address
33 Pintard Ave.

3. Mailing Office Address
33 Pintard Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
New Rochelle, NY

City & State
New Rochelle, NY

Zip Country
10801 USA

Zip Country
10801 USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida
05/29/1990

5. FEI Number Applied For
65-0245350 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
Enrique Carrillo, Jr.

Street Address (P.O. Box Number is Not Acceptable)
6440 S.W. 20 Terrace

Suite, Apt. #, Etc.

City
Miami

State Zip Code
FL 33155

~~900003802719-0~~
~~-03/06/01--01073--025~~
~~***306.25 ***306.25~~

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
[Signature]
REGISTERED AGENT MUST SIGN

Date
2/14/01

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
C/M/D	Oscar Bustillo	33 Pintard Ave.	New Rochelle, NY 10801
V/D	Enrique Carrillo, Jr.	6440 S.W. 20 Terr.	Miami, FL 33155
S	Margarita Hernandez	4160 Lybyer Ave.	Miami, FL 33133
D	Jose Ignacio Diaz	4445 W. 1 st Ave.	Hialeah, FL 33012
P/T	Luz Morales	1521 S. Highland Ave. Apt. H	Fullerton, CA 92832
T	Robert Schench	7777 N.E. Bayshore Ct. #101	Miami Beach, FL 33138

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]* **Oscar Bustillo** **2/14/01** **(914) 235-8994**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)