

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000165346 3)))



H090001653463ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

CORPORATION REINSTATEMENT

PACIFIC INTERNATIONAL SERVICES INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,050.00

Electronic Filing Menu

Corporate Filing Menu

Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 JUL 17 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000003370

1. Corporation Name

PACIFIC INTERNATIONAL SERVICES INC.

REINSTATEMENT

CR2E081 (12/08)

07-09

2. Principal Office Address - No P.O. Box #
300 WESTERN AVENUE

3. Mailing Office Address
300 WESTERN AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
STATEN ISLAND, NY

City & State
STATEN ISLAND, NY

Zip
10303

Country

Zip
10303

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
22-2472892

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CI CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City
PLANTATION

State Zip Code
FL 33324

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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] FLORENCE MERCERON
REGISTERED AGENT MURYSIGN VICE PRESIDENT

Date 7/17/09

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	AGUIRRE, CARLOS A	300 WESTERN AVENUE	STATEN ISLAND, NY 10303
DS	AHLSTROM, CARLOS	300 WESTERN AVENUE	STATEN ISLAND, NY 10303
DT	HICKEY, EDWARD W	300 WESTERN AVENUE	STATEN ISLAND, NY 10303
DV	HORVATH, KEVIN	6161 BLUE LAGOON STE 250	MIAMI, FL 33126

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 118, 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] EDWARD W. HICKEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TREASURER

7-9-09 718-538-8432
Date Daytime Phone #