

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 30 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 548152

1. Corporation Name

Pacific Multinational Corporation

300005556853--6

-05/17/02--01028--007

****923.75 ****923.75

2. Principal Office Address

3382 Hwy 6 South
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 19876
Suite, Apt. #, etc.

City & State

Sugar Land, TEXAS

City & State

HOUSTON TEXAS

Zip

77478

Country

USA.

Zip

77224

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

April 13, 1991

5. FEI Number

59-306-7507

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

G. GABRIEL ABSY

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

215 South Hillcrest Ave

Suite, Apt. #, Etc.

City

Clearwater

State
FL

Zip Code

33756

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

4/29/02

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
<u>PRESIDENT</u>	<u>G. GABRIEL ABSY</u>	<u>3382 Hwy 6 South</u> <u>Sugar Land, Tx 77478</u>	<u>Sugar Land, Tx 77478</u>

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/02

Daytime Phone #

713-291-6999 cell
or 281-980-7222

CR2E081 (9/01)