

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
FILED
04 DEC 22 PM 5:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000124062

1. Corporation Name

Pando Professional Service, Inc.

2. Principal Office Address

4903 W. Robinson ST.

Suite, Apt. #, etc.

City & State

Orlando FL.

Zip

32811

Country

US

3. Mailing Office Address

4903 W Robinson ST

Suite, Apt. #, etc.

City & State

Orlando FL.

Zip

32811

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

10-24-2003

5. FEI Number

11-3707396

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

Angel Pando

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

4903 W. Robinson ST.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32811

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

Date

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
D	Angel Pando	4903 W. Robinson ST Orlando FL. 32811	Orlando FL. 32811
D	ELIA Pando	4903 W. Robinson ST	Orlando FL. 32811

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

Date

Daytime Phone #

[Signature]

12/13/04

407.766.3042

PE 282

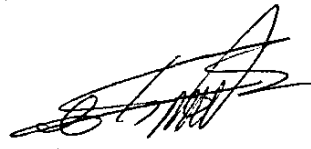
December 13, 2004

Department of State
Division of Corporations
409 East Gaines ST.
Tallahassee, FL 32399
Ref: Pardo Professional Services, inc.

Dear Sirs,

Through this letter, I submit the form "**Corporation Reinstatement**" for **Pardo Professional Services, Inc.** Document No. P 03000124062 filed on 10-24-03. According with telephone conversation on December 13, 2004 with one of the specialist of the corporation department, the annual report from for the year 2004, was send to my address but I never received the form for renewal. I would like to ask a waiver on the penalty for the corporation reinstatement due to the fact that the form was missing on the mail and this is a first time with a corporation business.

Please consider this circumstantial reason as an excuse for my request. Enclosed ~~the Corporation Reinstatement and my check for \$150.00 dollars.~~ Thank for you attention to this matter.



Sincerely Yours

Angel Pardo
Corporation Officer
Pardo Professional Services, Inc.