

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 31 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 395803

Registration Name
Pascua Honda Corporation

3285 Ploney Rd

P.O. Box ~~13118~~

Suite, Apt. #, etc.

Tall horse. 4

Tall horse H.

Country

32308

32317

Country

Name

Andrew Roberts

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

3258 Mahan Drive

Suite, Apt. #, Etc.

City

Tall horse

State

FL

Zip Code

32308

5. FEI Number

59-1541779

Applied For	
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Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

☒ 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.

Signature of _____

Registered Agent

Lawrence R. H. S.

Date 8/31/07

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
Rep	Walter Kiefer	3285 Pinner Rd	Tallahassee, FL 32308
SD	Andrew Roberts	3258 Mahan Drive	Tallahassee, FL 32308
			<div data-bbox="977 1625 1435 1682"> <div>800109185248</div> <div>09/07/07--01017--011 **600.00</div> </div>
	<div data-bbox="181 1665 594 1738"> <div>REINSTATEMENT</div> <div>REC</div> </div>	08-07	

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:

Andrew Roberts Andrew Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/81/07
Date

850-339-2726