

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 19 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H 60700

1. Corporation Name

Padro F Corporation

2. Principal Office Address

800 East Bay Drive

Suite, Apt. #, etc.

Ste. 1

City & State

Largo, FL 33770

Zip

33770

Country

Pinellas

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

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

6/6/1985

5. FEI Number

592547928

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Will Williams, Esq

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

602 Channelside Dr

Suite, Apt. #, Etc.

City

Tampa

700033050867

04/19/04 01017-017 **151.00

02/23/04 01074 015 \$750.00

02/23/04 01074 016 \$8.75

State

FL

Zip Code

33602

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

Will Williams

813-390-5020

Date 4/8/04

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
DP	Robert M. Holm	18522 Gulf Blvd - Unit E	Indian Shores, Fla 33785
VP	Marci H. Ziemack	5804 Braden River Rd	Bradenton, Fla 34203
S	Darlene Fincher	4315 Leona St.	Tampa, Fla 33629
T	Gladys H. Wills	4204 Vasconia St	Tampa, Fla 33629

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:

Darlene H. Fincher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/04

Date

813-690-9303

Daytime Phone #

CR2E081 (01/04)