
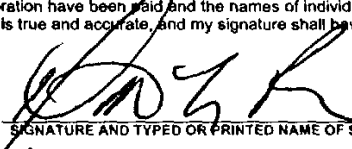


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K79551			
1. Corporation Name PADRON'S REALTY, INC.			
Principal Place of Business 10525 SPRING HILL DR SPRING HILL FL 34808 US		Mailing Address 10525 SPRING HILL DR SPRING HILL FL 34808 US	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 3336 Riviera Dr Suite, Apt. #, etc. City & State Kay West, FL Zip 33040 Country USA		3. New Mailing Office Address, If Applicable 3336 Riviera Dr Suite, Apt. #, etc. City & State Kay West, FL Zip 33040 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 04/12/1989		5. FEI Number 59-2945791	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	PADRON, DAVID L	2288 EVENGLOW 3336 Riviera Dr	SPRING HILL FL 34809 Kay West FL 33040
V	PADRON, LAWRENCE	2288 EVENGLOW "	SPRING HILL FL 34809 "
ST	PADRON, ROSEMARY	2288 EVENGLOW "	SPRING HILL FL 34809 "
600002968936--5 724799--01080--001 **900.00 ****900.00 8/4/93			
8. Name and Address of Current Registered Agent PADRON, DAVID L 2288 EVENGLOW SPRING HILL FL 34809		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3336 Riviera Dr. Suite, Apt. #, Etc. City Kay West State FL Zip Code 33040	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent  Date 2-10-99 REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: 		Date 2-10-99 (305) 295-9763 DAYTIME PHONE #	

CR2040 (9/88)