

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

REVISED
AND
FILED

02 NOV 15 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000004150

Name and Mailing Address

0001886 01 FP 0.352 **PRSR T6 0 0615 33133-640590



PAD HOLDINGS, LLC
3990 EL PRADO BLVD.
COCONUT GROVE FL 33133-6405

REINSTATEMENT 2002



CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 3990 EL PRADO BLVD. COCONUT GROVE FL 33133		5. Date Organized or Qualified To Do Business in Florida 04/11/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number NOT APPLICABLE	
		Applied For <input checked="" type="checkbox"/> Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent CORPCO, INC. 2699 SOUTH BAYSHORE DRIVE SEVENTH FLOOR MIAMI FL 33133		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <u>Corpus Inc. By Howard L. Russell</u> Date <u>11/12/02</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	PORTER, J RUSSELL	3990 EL PRADO BLVD	MIAMI FL 33133

1000009027741
11/15/02--01081--006 **155.00

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12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

J. Russell Porter

Date 11/12/02

Daytime Phone # 305-777-0215

Typed or printed name of signing Managing Member/Manager

J. Russell Porter