

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 20 PM 12:54

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000004150
Name and Mailing Address

0005994 01 AT 0.292 **AUTO T4 0 0615 33133-640590



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



CR2E034 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/11/2000	
Principal Place of Business 3990 EL PRADO BLVD. COCONUT GROVE FL 33133	3. New Principal Place of Business Address City, State, Zip	6. FEI Number NOT APPLICABLE	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input 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 JAMES R. PORTER Street Address (P.O. Box Number is Not Acceptable) 3990 EL PRADO BLVD City MIAMI FL zip Code 33133
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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 [Signature] **REGISTERED AGENT MUST SIGN** Date 11/4/03

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
000024076859 11/20/03 01025--037 **150.00			
REINSTATEMENT 2003			

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 [Signature] **REGISTERED AGENT MUST SIGN** Date 11/4/03 Daytime Phone # 305-777-0215

Typed or printed name of signing Managing Member/Manager J. Russell Porter