

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -7 AM 8:00

DOCUMENT # *N02000000729*

1. Corporation Name

Political Action Analysis Committee, Inc

2. Principal Office Address

303 CRAWFORD PL

Suite, Apt. #, etc.

City & State

VALDICO FL

Zip

33594

Country

USA

3. Mailing Office Address

303 CRAWFORD PL

Suite, Apt. #, etc.

City & State

VALDICO FL

Zip

33594

Country

USA

REINSTATEMENT *03*

4. Date Incorporated or Qualified

To Do Business in Florida

1/28/02

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Annette Jenkins

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

303 CRAWFORD PLACE

Suite, Apt. #, Etc.

City

VALDICO

State
FL

Zip Code

33594

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

Annette Jenkins

REGISTERED AGENT MUST SIGN

Date

Sep 25, 2003

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
D	<i>Cynthia Brady</i>	<i>3601 PATINA DR</i>	<i>TAMPA, FL 33612-1220</i>
D	<i>CANDICE HALL</i>	<i>13719 SPANISH WELLS PL</i>	<i>TAMPA, FL 33613-1220</i>
D	<i>SARA HALL</i>	<i>5023 34th ST.</i>	<i>TAMPA FL 33610</i>
D	<i>HARLETT MASLEY</i>	<i>5614 So 87th St.</i>	<i>Tampa FL 33619</i>

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:

Annette Jenkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Sep 25, 2003 (613) 486-1004

Daytime Phone #

CR2E081 (10/02)

September 25, 2003

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

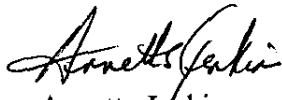
RE: Political Action Analysis Committee, Inc
DCN: N02000000729

To Whom It May Concern:

Please accept the reinstatement of the above reference corporation. Please waive the late penalty because the form was never received so that we can return it. I have enclosed the 61.25 renewal fee along with the reinstatement form.

Please contact me at 813-653-2504 or 813-486-1004 if you have any questions

Sincerely,


Annette Jenkins
Registered Agent