

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 OCT -7 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08202008 REIN-NP CR2E099 (1/07)

DOCUMENT # N06000006724 1. Entity Name PA'NKWASUM, INC.					
Principal Place of Business P.O. BOX 585097 581127 ORLANDO, FL 32858			Mailing Address P.O. BOX 585097 581127 ORLANDO, FL 32858		
2. Principal Place of Business - No P.O. Box # 3528 RIDGEMONT DR Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Orlando, FL Zip 32808		City & State Country Zip ORANGE		4. FEI Number 41-2203306 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent FOSTER, RICHARD ELDER 3528 RIDGEMONT DR ORLANDO, FL 32808	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCDELLAH, DANIEL PRIEST 6065 WEDGWOOD CIR ORLANDO, FL 32805	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500136822865 10/10/08--01044--014 **122.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOORE, YVON PRIESTE 304 LAKE AVE. 113D MAINTLAND, FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700136822927 10/10/08--01044--015 **0.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WRIGHT-LAWRENCE, HERMA 5181 CINDERLAND PKWY #1012 ORLANDO, FL 32808	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, RICHARD ELDER 3528 RIDGEMONT DR ORLANDO, FL 32808	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			10/03/08 407595-7227 Daytime Phone #		

10/18/08