


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
04 DEC 20 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P 000 000 32996*

1. Corporation Name

Don Pan Tampa, Inc.

2. Principal Office Address

202 N. Dale Mabry Hwy

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Zip

33609

Country

USA

Zip

Country

33609

USA

400043537994
12/20/04--01069--028 **300.00

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

3/21/2000

5. FEI Number

593727917

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

R.C. Kiser

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

202 N. Dale Mabry Hwy

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33609

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

RCK

Date

12/14/04

REGISTERED AGENT MUST SIGN

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
<i>D</i>	<i>Roy C. Kiser</i>	<i>P.O. Box 272943</i>	<i>Tampa FL 33688</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:

Roy C Kiser *Roy C Kiser*

Date

12/14/04 (813) 786-1236

Daytime Phone #

CR2E081 (07/04)

**Don Pan Tampa Inc.
202 N. Dale Mabry Hwy.
Tampa Fl 33609
December 16, 2004**

Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Dear Sir, Madam,

This letter is to request a waiver of reinstatement fees. The corporation did not receive the annual report notifications since 2002. I have enclosed the Corporation Reinstatement Application and a check for \$300.

You may contact me at the above address or by fax at (813) 963-6010 or by cel at (813) 786-1236.

Sincerely,

A handwritten signature in black ink, appearing to read 'Roy C. Kiser', followed by a long horizontal flourish.

Roy C. Kiser
President