

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV -7 PM 5:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000035172

1. Corporation Name

Palomino de Velasco, Inc.

400137742254

11/07/08--01037--011 **300.00

2. Principal Office Address - No P.O. Box #

366 E. Olympia Ave. P.O. Box 7339
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 7339
Suite, Apt. #, etc.

City & State

Punta Gorda FL

City & State

North Port, FL

Zip

33950

Country

Charlotte

Zip

34290

Country

Sarasota

REINSTATEMENT 07-08
CR2E0811(10/08)

**4. Date Incorporated or Qualified
To Do Business in Florida**

2000

5. FEI Number

65-0997046

☒ 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

Koch & Company, CPA, PA

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

Suite, Apt. #, Etc.

225 W. Virginia Ave

City

Punta Gorda

State

FL

Zip Code

33950

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/4/08

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
PSTD	Beatriz Palomino de Velasco	5250 17th Street	Sarasota FL 34235

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

11/4/08

Daytime Phone #

(305) 219-8079

November 4, 2008

Barbara Palomino de Velasco
7609 Estates Drive
North Port, Florida 34291

Corporation Reinstatement
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

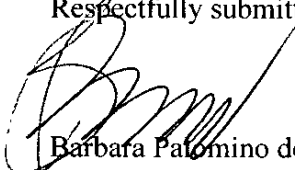
RE: Appeals for Reinstatement Fee
Company Name: Palomino de Velasco, Inc.
Document Number: P00000035172

To whom it may concern:

Please be advised that I recently learned that my corporation lapsed on September 2007. This has never occurred since my original corporation was filed in 2000. My request is due to the fact that I did not receive reinstatement forms last year. This may have occurred due to the fact that the forms were registered at a different name and address or that our zip code also changed and many problems have resulted in our mail service.

Please respectfully accept this appeal and if anything further needs to be done to ensure the reinstatement of the corporation, you may contact me at 305-219-8079.

Respectfully submitted,



Barbara Palomino de Velasco
President