

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 1 of 2*

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000097445

1. Corporation Name

PARDO MARKETING SERVICES CORP.

Principal Place of Business

3407 BONITO LANE  
MARGATE FL 33063

Mailing Address

3407 BONITO LANE  
MARGATE FL 33063

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/16/2000

5. FEI Number

851055342

☒ Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PARDO, JUAN ANTONIO	3407 BONITO LANE	MARGATE FL 33063
			300004706629--6 -12/05/01--01072--028 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

PARDO, JUAN ANTONIO  
3407 BONITO LANE  
MARGATE FL 33063

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*SIGNATURE REQUIRED*  
REGISTERED AGENT MUST SIGN

Date

10/15/01

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/01 (954) 984-8485

Page 202

October 15 2001.

Mrs. Katherine Harris  
Secretary of State  
Division of Corporations

Dear Mrs. Harris:


The reason for this letter is that I was unaware for previews notice of the annual report. I just got letter dissolution of my company, and it's the first letter that I received this year from the Florida Department of State.

I believe the reason must be that my home office is under my wife name Carla Vidal that is a different last name. I had previous problems during this year with my mail been lost for this matter.

I am sending my check of \$150.00 and the form for the annual report.

I appreciate your understanding.

Most Sincerely yours,

  
Antonio Pardo.  
Pardo Marketing Services.