

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 11 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Cesar Padilla Enterprises Inc.

PO1000020498

2. Principal Office Address

566 NW 4TH St.

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

Zip

Country

33309

USA

3. Mailing Office Address

566 NW 4TH St.

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

Zip

Country

33309

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/23/2001

5. FEI Number

NONE

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

Scott Lutwak

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

1191 E. Newport Center Drive

Suite, Apt. #, Etc.

Suite 208

City

Deerfield Beach

State
FL

Zip Code

33442

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

REGISTERED AGENT MUST SIGN

Date

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 | Cesar Padilla | 566 NW 4TH St. | Fort Lauderdale, FL 33309 |
| | | | |
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| | | | |
| | | | |

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:

Cesar Padilla

Cesar Padilla

10/1/2002

954-530-3233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

Cesar Padilla Enterprises Inc.

566 NW 47th Street, Fort Lauderdale, FL 33309
Phone 954-530-3233 ~ Email cesarpadillatiles@hotmail.com

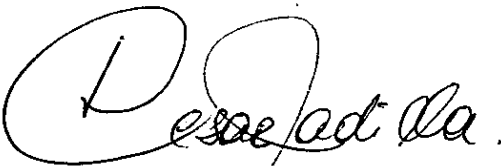
October 01, 2002

Florida Department of State
Jim Smith
Secretary of State
Division of Corporations

Dear Mr. Smith,

This is to let you know that I did not receive the Uniform Business Report, I moved in the beginning of the year and the form was not forwarded as I anticipated it would. I called your automated line and I was advised to send in this form along with the \$150.00 fee. Please find enclosed a check for \$150.00 and also I'd like to request that the other additional fees be removed since this was an unintentional oversight. I'd like to thank you in advance for your help in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Cesar Padilla". The signature is written in dark ink and is positioned above the printed name and title.

Cesar Padilla
Director