

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 AUG 28 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # P02000035593

1. Corporation Name

Padron Amusement Produce, Corp.

2. Principal Office Address - No P.O. Box # 527 W. 68 St. Suite, Apt. #, etc. Unit #5 City & State Hialeah, FL		3. Mailing Office Address Same Suite, Apt. #, etc.	
Zip 33014	Country	Zip	Country

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida		04 - 02 - 02	
5. FEI Number		Applied For	
75-3038267		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$875 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name William Morales		
Street Address (P.O. Box Number is Not Acceptable) 529 W 68 ST		
Suite, Apt. #, Etc. UNIT #5		
City Hialeah	State FL	Zip Code 33014

☒ 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.

B. 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 J. Morales

Date: 08-27-07

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
P	Morales, William	527 W 68 St. #5	Hialeah, FL 33014
			900109285299 09/07/07--01032--018 **450.00
REINSTATEMENT		08/07	
	Rh		

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

08-27-07

Date _____

Daytime Phone #