

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000059227

1. Entity Name

PA & SH ENTERPRISES OF ORLANDO, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 22 AM 8:19

Principal Place of Business

1220 1ST ST. W.
BRADENTON, FL 34208 US

Mailing Address

1220 1ST ST. W.
BRADENTON, FL 34208 US

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

5700 5TH ST. STE A

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

BRADENTON, FL

Zip

34203

Country

12012008

REIN-P

CR2E098 (1/07)

4. FEI Number

01-0679100

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARK, KWANG W
1220 1ST ST. W.
BRADENTON, FL 34208

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PARK, KWANG W
STREET ADDRESS 1220 1ST ST W.
CITY-ST-ZIP BRADENTON, FL 34208

TITLE D ☐ Delete
NAME SHIN, DAVID
STREET ADDRESS 5700 5TH STREET, UNIT A
CITY-ST-ZIP BRADENTON, FL 34203

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500139204055
CITY-ST-ZIP 12/22/08--01052--016 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-538-6196