

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10x2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000105041

1. Corporation Name

PANTORO, INC.

Principal Place of Business

Mailing Address

14229 TANGERINE DR.
LOXAHATCHEE FL 33470

14229 TANGERINE DR.
LOXAHATCHEE FL 33470



900023881809
10/17/03-01090-028 **150.00

03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/2002

5. FEI Number

☒ 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
D	MOHAMMED, RICHARD	14229 TANGERINE DR.	LOXAHATCHEE FL 33470
D	MOHAMMED, ANNEMARIE	14229 TANGERINE DR.	LOXAHATCHEE FL 33470
D	MOHAMMED, ROBERT	14229 TANGERINE DR.	LOXAHATCHEE FL 33470
D	MOHAMMED, NATALIE J	14229 TANGERINE DR.	LOXAHATCHEE FL 33470

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOHAMMED, ROBERT
14229 TANGERINE DR.
LOXAHATCHEE FL 33470

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. or 617.0505, F.S.

Signature of
Registered Agent

Robert Mohammad
(Robert Mohammad)
REGISTERED AGENT MUST SIGN

Date Oct. 14th of 2003

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:

Richard Mohammad - RICHARD MOHAMMED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 14th, 2003 (561) 7980239

Date

Daytime Phone #

CR2E040 (7/03)

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PANTORO INC.
Robert Mohammed
14229 Tangerine Drive
Loxahatchee, Fl. 33470

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood, Secretary of State

DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

Dear Mrs. Hood,

This letter is to inform the Florida Department of State that Pantoro Inc. wishes to return to active status. We regret to say we did not receive any prior notice of "uniform business report". Included is the required fee of \$150.00 for reinstatement. Being a newly formed corporation we were unaware of the deadline and fully intend on submitting the necessary document between the January 1 to May 1 deadline the next time. Thank you for your time and consideration.

Respectfully



Robert Mohammed