2005 FOR PROFIT CORPORATION REINSTATEMENT

05 SEP 30 AM 11:25

DOCUMENT # P03000088891

1. Entity Name
DAD'S PAD INC.

Principal Place of Business	Mailing Address
PO BOX ~~10042 APO~~ 1549 GT ~~GEORGETOWN~~ GRAND CAYMAN,	~~PO BOX 10042 APO~~ ~~1549 GT~~ ~~GEORGETOWN GRAND CAYMAN,~~

2. Principal Place of Business	3. Mailing Address
	201 S. Biscayne Boulevard
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 1500 (RWV)
City & State	City & State Miami, Florida
Zip / Country	Zip 33131 / Country

REINSTATEMENT 04-05

CR2E098 (6/04)

4. FEI Number 20-0160381 — Applied For / Not Applicable

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD SUITE 1500 MIAMI, FL 33131	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] Pres. — 28 Sept 05 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $300.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORBIN, ROGER A ~~PO BOX 10042 APO~~ 1549 GT ~~GEORGETOWN~~ GRAND CAYMAN, ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORBIN, ROGER A. P.O. Box 1549 GT Grand Cayman ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900060223489 10/04/05--01071--010 **308.75 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] ROGER A. CORBIN — Sept 22 2005 — 345-949-0111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

R. Mitchell OCT 3 2005