PLEASE READ ALL INSTRUCTIONS REFORE COMPLETING THIS FORM

	PLEASE READ	ALL IIVO I	RUCI	IONS	DEFORE (ING THIS FURI	и.	
	PORATION STATEMENT	S	DEPAR Secretar SION OF C	y of S			F1L !		
DOCUMENT # P04000030714 1. Corporation Name							SECRETARY OF STATE TALLAHASSEE. FLORIDA		
PAD COMPUTER, CORP									
2. Principal Office Address - No P.O. Box # 8470 NW 70TH STREET 8470 NV				flice Address IW 70TH STREET			CR2E081 (1/07)		
Suite, Apt. #, etc. Suite, Apt.						Date Incorporated or Qualified To Do Business in Florida			
City & State	MI, FLORIDA	MIAMI, FLORIDA			RIDA	5. FEI Numbe	or .	✓ Applied For Not Applicabl	
^{zip} 3316	66 US	^{Zip} 33160	6	Count	S	6. CERTIFICATE	OF STATUS DESIRED	58.75 Additional Fee require for a Certificate of Status	
7. Name and Address of Current Registered Agent Name MELENDEZ VEGA, LLC Street Address (P.O. Box Number is Not Acceptable) 10511 N. 1CENDALL DR Suite, Apt. #, Etc. SUITE C 203 City MIAMI State Zip Code FL 33176						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.			
8. I, being Signature of Registered	Agent	ve named corpo			with and accept the	obligations of secti	On 607.0505 or 617.0503, f	-s. 2007	
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 / S	State / Zip		
Р	PEDRO HURTA	8470 NW 70TH ST			TREET	MIAMI FL	33166		
						TELL	4 4	at at	
	Ŧ	REIN	ST	AT	EME	N I 18/28	0011139: 7070103600	: :)5 ++450.00	

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 filling 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: PEDRO HURTADO Peder Hurtado SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/2007

305-728-6314

Daytime Phone #

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: **PAD COMPUTER, CORP.**

DOCUMENT NUMBER: P04000030714

Enclosed please find the check no. 1436 for \$450.00 and also the Corporation Reinstatement for **PAD COMPUTER**, **CORP**.

Please return all correspondence concerning this matter to the following:

Melendez Vega, LLC 10511 N Kendall Dr Suite C-203 Miami, FL 33176 melendezvegallc@bellsouth.net 305-728-6314

For further information concerning this matter, please call: Michael Melendez at 305-728-6314