

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM: STATE
DIVISION OF CORPORATIONS

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 APR -2 AM 10:49

DOCUMENT # P04000036686

1. Corporation Name

Penso, Inc.

2. Principal Office Address - No P.O. Box #

4115 NW 88th Ave.

Suite, Apt. #, etc.

207

City & State

Coral Springs, FL

Zip

33065

Country

USA

3. Mailing Office Address

4115 NW 88th Ave.

Suite, Apt. #, etc.

207

City & State

Coral Springs - FL

Zip

33065

Country

USA

01/31/08 01539 006 300.00
CR2E081 (42/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/24/2001

5. FEI Number

20-0780268

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gabriel Peres

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

4115 NW 88th Ave.

Suite, Apt. #, Etc.

207

City

Coral Springs

State

FL

Zip Code

33065

☒ 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 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 02.26.08

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
PD	Gabriel Peres	4115 NW 88 th Ave # 207 -	Coral Springs - FL - 33065
VPD	Luccas E. Wander	4115 NW 88 th Ave # 207	Coral Springs - FL 33065

REINSTATEMENT

000116585560
01/31/08--01039--006 **300.00
000116585560
04/02/08--01034--004 **158.75

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.26.08

Date

Daytime Phone #