

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 JAN 12 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000110890

1. Corporation Name

PAC SERVOS, INC

WDB-55443

REINSTATEMENT 05-06

2. Principal Office Address

3813 Hollow Wood Dr

Suite, Apt. #, etc.

City & State

VALRICO, FL

Zip

33554

Country

Hillsborough

3. Mailing Office Address

3813 Hollow Wood Dr

Suite, Apt. #, etc.

City & State

VALRICO, FL

Zip

33554

Country

Hillsborough

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

7/28/04

5. FEI Number

20-1410859

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

Kenneth C. Nelson

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

3813 Hollow Wood Dr

Suite, Apt. #, Etc.

City

VALRICO FL

State

FL

Zip Code

33554

000082813130

01/23/07--01007--021 **177.50

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

Kenneth C. Nelson

REGISTERED AGENT MUST SIGN

Date 12/26/06

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
President	KENNETH C. NELSON	3813 Hollow Wood Dr	VALRICO FL 33554
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-

000082813130

12/28/06--01010--001 **722.50

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/26/06

Daytime Phone #

1/12/07