

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 SEP 21 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000107600

1. Corporation Name
JULIE RODRIGUEZ'S CARPET & VINYL INSTALLATION & REPAIR, CORP

2. Principal Office Address - No P.O. Box #
1404 TIMBERGLADE DR

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State
SEFFNER, FL

City & State
SAME

Zip Country
33584 HILLSBOROUGH

Zip Country
SAME SAME

REINSTATEMENT 09-11
CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida **08/02/2005**

5. FEI Number
20-3245335

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
PASAN INVESTMENT, INC.

Street Address (P.O. Box Number is Not Acceptable)
2310 W WATERS AV STE D

Suite, Apt. #, Etc.
SUITE D

City State Zip Code
TAMPA FL 33604

200212395282
09/21/11--01030--009 **1059.00

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 _____ Date **09/19/2011**
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D.	RODRIGUEZ, JULIE	1404 TIMBERGLADE DR	SEFFNER FL 33584

10. E-mail Address: **INFO@PASAN-SERVICES.COM**
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Julie Rodriguez* **09/19/2011 813-382-1820**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #