

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 05

2010 APR 6

FILED

2010 APR -6 P 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100174671341

04/06/10--01028--009 **308.75

CR2E081 (11/09)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000033536

1. Corporation Name

PAIS INDUSTRIES (Group) Corp.

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

202 SUNRAY COURT

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee

City & State

Zip

34743

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

66-0597272

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

7. Name and Address of Current Registered Agent

Name

JOHN P WHITE

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

202 SUNRAY COURT

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34743

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

John P. White
REGISTERED AGENT MUST SIGN

Date April 6, 2010

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
<u>Pres CEO</u>	<u>JOHN P. WHITE</u>	<u>202 SUNRAY COURT</u>	<u>Kissimmee, FL 34743</u>
<u>VP.</u>	<u>RUDY A. TORRICO</u>	<u>604 WAUERLY LANE</u>	<u>MAITLAND FL. 32751</u>

REINSTATEMENT

04-1488

10. E-mail Address:

(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., 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

SIGNATURE:

John P. White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/2010
Date

Daytime Phone #