REINSTATEMENT

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000023384

FILED
02 JUN -6 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
Par Enterprises of Orlando, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1115 East Plant Street		1115 East Plant Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Winter Gardens, Floirda		City & State: Winter Garden, Florida	
Zip: 34787	Country: Orange	Zip: 34787	Country: Orange

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3239584 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Pamela S. Norris
Street Address (P.O. Box Number is Not Acceptable): 1115 East Plant Street
City: Winter Gardens FL Zip Code: 34787

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Pamela S. Norris 6-4-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBRs $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Director
NAME	Pamela Sl Norris
STREET ADDRESS	1115 East Plant Street
CITY-ST-ZIP	Winter Gardens, Florida 34787
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

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***1508.75 ***1508.75

1500.00 - Adm
61.25 - AR
88.75 - Recorp
8.75 - Cert
1508.75

CR2E034B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Pamela S. Norris (PAMELA S NORRIS) 6-4-02 407-654-0039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #