

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 SEP 24 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 794000023384

1. Corporation Name

PAR ENTERPRISES OF ORLANDO, INC.

2. Principal Office Address

1115 E. Plant St.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 788

Suite, Apt. #, etc.

City & State

Winter Garden FL

Zip

34787

Country

City & State

WINDERMERE FL

Zip

34786

Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

April 1994

5. FEI Number

59-3239584

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

PAMELA NORRIS S.

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

1115 E. Plant St.

Suite, Apt. #, Etc.

900041330899

09/24/04--01088--007 **1051.75

City

WINTER GARDEN

State

FL

Zip Code

34787

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

Pamela Norris

REGISTERED AGENT MUST SIGN

Date 9-23-04

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	PAMELA S. NORRIS	1115 E. Plant St	WINTER GARDEN FL 34787

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 under section 119.07(3)(i), 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

9-23-04

Date

Daytime Phone #

407-454-0039

CR2E081 (01/04)