

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 11 PM 2:50

DOCUMENT # **P95000043810**

1. Corporation Name

PAULAU, INC.

2. Principal Office Address

16405 AVILA BLVD

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33613

Country

HILLSBOROUGH

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 99-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

6-7-1995

5. FEI Number

59-3339837

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

PAUL G. ELLIS

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

16405 AVILA BLVD

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33613

200004641612-7

-10/18/01--01049--001

*****1350.00 ***1350.00**

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 **10-9-1**

REGISTERED AGENT MUST SIGN

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
PRES.	LAURA N. ELLIS	16405 AVILA BLVD	TAMPA FL 33613
Secy	PAUL G. ELLIS	16405 AVILA BLVD	TAMPA FL 33613
		TAMPA FL 3	

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

10-9-1

Date

813 884 9203

Daytime Phone #

CR2E081 (9/00)