

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 NOV -6 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

S 52142

1. Corporation Name

**PADILLA BUILDERS INC**

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

310 BLOUNT ST

Suite, Apt. #, etc.

SUITE 108

City & State

TALLAHASSEE, FL

Zip

32301

Country

LEON

3. Mailing Office Address

P.O. BOX 15694

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32317

Country

LEON

**REINSTATEMENT**

05-07

4. Date Incorporated or Qualified  
To Do Business in Florida

05/13/1991

5. FEI Number

650262776

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**

STEVEN PADILLA

310 BLOUNT STREET

Suite, Apt. #, Etc.

SUITE # 108

City

TALLAHASSEE

State

FL

Zip Code

32301

☒ 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.

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 11/06/2007

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
CEO	STEVEN PADILLA	310 BLOUNT STREET	TALLAHASSEE, FL 32301

11/6

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11/06/07--01053--003 \*\*458.75

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 contained in Chapter 119, 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

STEVE PADILLA

11/6/2007

Date

850-294-4663

Daytime Phone #