## 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V65442

FILED Nov 01, 2004 Secretary of State

| Entity Nan  | ne: PABLA IN  | CORPORATED   |   |  |  |
|---|---|--|---|--|--|
| Current Principal Place of Business:  |   |  | New Principal Place                         | of Business:                                 |  |
|   | FIRLO BRONS<br>E, FL 34741                            | SON MEMORIAL HWY<br>US   |   |  |  |
| Current Mailing Address:  |   |  | New Mailing Addres                          | s:   |  |
|   | FIRLO BRON<br>E, FL 34741                             | SON MEMORIAL HWY<br>US   |   |  |  |
| FEI Number:   | 59-3145542  | FEI Number Applied For ( )   | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent                |   |  |   | f New Registered Agent:                      |  |
| SHEPHERD, JAMES E. SHEPHERD, MCCABE & COOLEY 1450 STATE RD. 434 WEST, SUITE 200 LONGWOOD, FL 32750 US |   |  |   |  |  |
| The above in the State  |   | ubmits this statement for the pu                                   | rpose of changing its registere             | d office or registered agent, or both,       |  |
| SIGNATUR  | E:  |  |   |  |  |
| Electronic Signature of Registered Agent  |   |  | nt  | Date   |  |
|   |   | (2)(b), F.S., the corporation did not Trust Fund Contribution ( ). | receive the prior notice.                   |  |  |
| OFFICERS AND DIRECTORS:   |   |  | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PD ()<br>SINGH, JARNAI<br>6501 SURGARE<br>ORLANDO, FL |  | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VD ()<br>SINGH, KARNAI<br>6501 SURGARE<br>ORLANDO, FL |  | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:   | STD ()<br>SINGH, GURMA                                | Delete<br>IL   | Title:<br>Name:                             | ( ) Change ( ) Addition                      |  |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JARNAL SINGH PD 11/01/2004

6501 SURGARBUSH DR.

ORLANDO, FL

Address:

City-St-Zip: