

FROM : LAZARUS

FAX NO. : 3852201440

Feb. 26 2008 12:53PM P1

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 FEB 28 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000039418

1. Corporation Name
Pace Investment mgmt. Corp.

2. Principal Office Address - No P.O. Box # 100 Grape tree drive Sui Apt. #, etc. 10 FS		3. Mailing Office Address 100 Grape tree drive Bldg, Apt. #, etc. 10 FS	
City & State Key Biscayne, FL		City & State Key Biscayne, FL	
Zip 33149	Country USA	Zip 33149	Country USA

300119933073
03/11/08--01012--002 **450.00
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida		Applied For
5. FEI Number 020591798		Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Fee To Be Added to Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name De la Hama, Josefina		State FL	Zip Code 33149
Street Address (P.O. Box Number is Not Acceptable) 100 Grape tree drive			
City, Apt. #, Etc. 10 FS			
Key Biscayne			

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.

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

REGISTERED AGENT MUST SIGN

Date

8. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Josefina de la Hama	100 grape tree drive Apt #10 FS	Key Biscayne, FL 33149

REINSTATEMENT

06-08

I certify that I am an officer or director of 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.

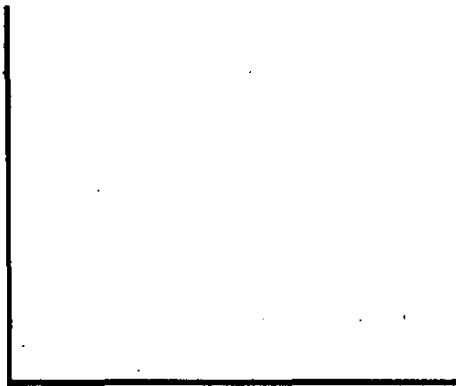
SIGNATURE

SIGNATURE AND PRESS OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

County Phone #

LAZARUS
CORPORATE FILING SERVICE
3320 SW 87TH AVENUE
MIAMI, FL 33165
305-552-5973



Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. PACE INVESTMENT MGMT CORP
 (Corporation Name) (Document #)

2. _____
 (Corporation Name) (Document #)

3. _____
 (Corporation Name) (Document #)

4. _____
 (Corporation Name) (Document #)

DEPT. OF REVENUE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

08 FEB 28 AM 11:14

RECEIVED

- Walk in
 Pick up time 2.00
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials