

Check #1024 \$150.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 25 PM 4:00

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
99-02
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000073804

1. Corporation Name
PASADENA Business Services Inc.

2. Principal Office Address
1472 N.W. 113 WAY

3. Mailing Office Address
1472 N.W. 113 WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pembroke Pines, FL

City & State
Pembroke Pines, FL

Zip Country
33026 USA

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33026 USA

4. Date Incorporated or Qualified To Do Business in Florida 9-5-97

5. FEI Number 05-0777217
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 ANTHONY J. Americo

Street Address (P.O. Box Number is Not Acceptable) 1472 N.W. 113 WAY 500005172595-5
-03/27/02-01074-128

Suite, Apt. #, Etc. *****600.00 *****610.00

City Pembroke Pines State FL Zip Code 33026

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 *Anthony Americo*
REGISTERED AGENT MUST SIGN

Date 3-9-02

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.	ANTHONY J Americo	1472 N.W. 113 WAY	Pembroke Pines, FL 33026
V.P.	JANET Americo	1472 N.W. 113 WAY	Pembroke Pines, FL 33026
V.P.	Denise R. Jacobs	461 SAN Servando	Coral Gables, FL 33143

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: *Anthony Americo* ANTHONY AMERICO 3-9-02 (305)479-5070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)