

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 25 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V33626

1. Corporation Name

PACE ENTERPRISES OF SOUTH FLORIDA, INC.

2. Principal Office Address

13780 Wellington Trace

Suite, Apt. #, etc.

City & State

Wellington, FL 32414

Zip

32414

Country

USA

3. Mailing Office Address

6662 Grande Orchid Way

Suite, Apt. #, etc.

City & State

Delray Beach, FL 33446

Zip

33446

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/5/92

5. FEI Number

59-3120851

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

BRUCE NABAT

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

1190 N. E. 125th St.

Suite, Apt. #, Etc.

21

City

North Miami

State
FL

Zip Code
33161

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

Bruce Nabat

REGISTERED AGENT MUST SIGN

Date 11/20/02

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
P	CHARLES E. PACE	6662 Grande Orchid Way	Delray Beach, FL 33446

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:

Charles E. Pace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/02
Date

516-535-8881
Daytime Phone #

CR2E081 (9/00)

NOVEMBER 20, 2002

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

**RE: PACE ENTERPRISES OF SOUTH FLORIDA, INC.
DOC # V33626**

DEAR SIR:

ATTACHED IS OUR REINSTATEMENT FEE FOR 2002. WE HAD MOVED IN 2001, AND DID NOT RECEIVE THE UBR FORM IN 2002. WE WERE RECENTLY INFORMED BY OUR INSURANCE AGENT THAT THE CORPORATION HAD BEEN DISSOLVED AND ARE IMMEDIATELY ADDRESSING THE PROBLEM.

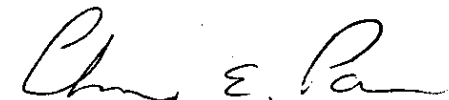
PLEASE CHANGE OUR MAILING ADDRESS TO:

**6662 GRANDE ORCHID WAY
DELRAY BEACH, FLORIDA 33446**

WE HAVE ALWAYS FILED TIMELY IN THE PAST AND WOULD HAVE FILED TIMELY HAD WE RECEIVED THE FORM. PLEASE ACCEPT THE \$150.00 UBR FEE DUE TO THE CIRCUMSTANCES.

THANK YOU IN ADVANCE FOR YOUR HELP WITH THIS MATTER.

SINCERELY,

A handwritten signature in cursive script, appearing to read "Chas E. Pace".

CHARLES E. PACE