PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 APR 30 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745667

1. Corporation Name
PASADENA PLAZA, INC.

2. Principal Office Address: 6700 1st AVENUE S. ST PETE FL. 33707
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Office Address: 250 104 AVE TREASURE ISLAND FL 33706
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/23/79

5. FEI Number: 59-1989581 | 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

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****481.25 ****481.25

Name: SUE LAMONT LAMONT MANAGEMENT
Street Address (P.O. Box Number is Not Acceptable): 250 104 AVENUE
Suite, Apt. #, Etc.: TREASURE ISLAND
City | State: FL | Zip Code: 33706

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: SUE LAMONT [signature] Date 04/27/01
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
P	Workman, Karen	6700 1st AVENUE SOUTH #212	St. Pete, Fl. 33707
D	White Ron	5030 40th AVE N.	St. Pete Fl. 33709
T	SANDERS, Charles	6700 1st AVE South #102	St Pete Fl. 33707
D	ROSARIO, Alberto	6700 1st AVE S. #108	St Pete Fl. 33707
S	Caisse, Tom	6700 1st AVE S. #211	St Pete Fl. 33707

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: [signature] Karen S. Workman President — 4-25-01 — 727-872-5350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E081 (9/00)