F23000006847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/02/22--01014--002 **87.50

2023 FEB -6 PM 12:00

FEB 11 2023

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PACE PROFESSIONAL SERVICES, LTD.
Name of corporation to be reinstated

Dear Sir or Madam:

The enclosed "Application for Foreign Corporation to Reinstate Authority to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

KENNETH GROSS
Name of Person

PACE PROFESSIONAL SERVICES, LTD.
Firm/Company

17099 WHITEHAVEN DRIVE
Address

BOCA RATON, FLORIDA 33496
City/State and Zip

KENEPACE@AOL.COM
Email address (to be used for status and report notification)

For further information concerning this matter, please call:

KENNETH GROSS, 516, 509-8888
Name of Person | Area Code | Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:
Please make check payable to: FLORIDA DEPARTMENT OF STATE

☐ $70.00 Filing Fee
☐ $87.50 Filing Fee & Certificate of Status
☐ $87.50 Filing Fee & Certified Copy
☒ $87.50 Filing Fee, Certificate of Status & Certified Copy

RECEIVED
DEC 27 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 29, 2022

KENNETH GROSS
17099 WHITE HAVEN DR
BOCA RATON, FL 33496

SUBJECT: PACE PROFESSIONAL SERVICES, LTD.
Ref. Number: W22000154185

We have received your document for PACE PROFESSIONAL SERVICES, LTD. and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 722A00027875

RECEIVED
FEB 06 2023

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. PACE Professional Services, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK
(State or country under the law of which it is incorporated)

3. 11-3155263
(FEI number, if applicable)

4. 12/09/1992
(Date of incorporation)

5.
(Date of duration, if other than perpetual)

6.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 17099 Whitehaven Drive, Boca Raton, FL 33496
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent. (P.O. Box NOT acceptable)

Name: KENNETH GROSS

Office Address: 17099 Whitehaven Drive

BOCA RATON, Florida 33496
(City) (Zip code)

2023 FEB -6 PM 12:

9. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and or directors [up to six (6) total]:

A. DIRECTORS

X Chairman	Name: KENNETH GROSS	Chairman	Name
Vice Chairman	Address: 17099 Whitehaven DR BOCA RATON, FL 33496	Vice Chairman	Address
Director		Director	
X President		President	
Vice President		Vice President	
Secretary	X Treasurer	Secretary	Treasurer
Other	Other	Other	Other

Chairman	Name: DEBORAH GROSS	Chairman	Name
Vice Chairman	Address: 17099 Whitehaven DR BOCA RATON, FL 33496	Vice Chairman	Address
Director		Director	
President		President	
X Vice President		Vice President	
Secretary	Treasurer	Secretary	Treasurer
Other	Other	Other	Other

Chairman	Name: DANIELLE GROSS	Chairman	Name
Vice Chairman	Address: 14 PINE DRIVE WOODBURY, NY 11797	Vice Chairman	Address
Director		Director	
President		President	
X Vice President		Vice President	
Secretary	Treasurer	Secretary	Treasurer
Other	Other	Other	Other

Important Notice. Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. KENNETH GROSS, PRESIDENT
(Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	PACE PROFESSIONAL SERVICES, LTD.
DOS ID Number:	1686036
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	12/09/1992
Statement Status:	CURRENT
Statement Due Date:	12/31/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on November 16, 2022 at 04:00 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100002510372 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

New York State Department of State
Division of Corporations, State Records and Uniform Commercial Code

COPY REQUEST/CERTIFICATE OF STATUS RECEIPT

KENNETH GROSS
585 STEWART AVE, STE 600
GARDEN CITY NY 11530

DATE: 11/16/2022 **TRANSACTION NUMBER:** 202211160003071

ENTITY INFORMATION:

ENTITY NAME:	PACE PROFESSIONAL SERVICES, LTD.
DOS ID:	1686036
DATE OF INITIAL DOS FILING:	12/09/1992

REQUESTED SERVICES:	**NUMBER REQUESTED:**	**FEE:**
UNCERTIFIED COPY($5.00)		$0.00
CERTIFIED COPY($10.00)		$0.00
CERTIFICATE OF STATUS - SHORT FORM($25.00)	1	$25.00
CERTIFICATE OF STATUS - LONG FORM($25.00)		$0.00
EXPEDITED HANDLING		$0.00

TOTAL PAYMENTS RECEIVED:	$25.00
CASH:	$0.00
CHECK/MONEY ORDER:	$0.00
CREDIT CARD:	$25.00
DRAWDOWN ACCOUNT:	$0.00
REFUND DUE:	$0.00

REQUESTED COPY	**FILE DATE**	**FILE NUMBER**