

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 16 PM 2:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F98000001937

1. Corporation Name

P.A.G. Equities Corp.

2. Principal Office Address

34 HIXSON Lane

3. Mailing Office Address

720 Fifth Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10th Floor

City & State

East Hampton NY

City & State

New York NY

Zip 11937

Country

USA

Zip 10019

Country

USA

REINSTATEMENT 99-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

11-295-7358

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

600004164146--9

-05/09/01--01006--011

****150.00 ****150.00

600004164146--9

-05/09/01--01006--012

****300.00 ****300.00

State **FL** Zip Code **33324**

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

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

600004164146--9

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Date *****8.75 *****8.75

9. Names and Street Addresses of Each Officer and/or Director (Florida nonpro 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
PO	PAUL A. Gerschl	720 5th Avenue	New York NY 10019
S/T	LARRY A. Gattuso	720 5th Avenue	New York NY 10019

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:

Zy L. Hickey, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/01
Date

(212) 399-4293
Daytime Phone #