

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

F.M. HUNT

14 OCT 30 AM 8:53

SECRETARY OF STATE
WASLAWA PAGE

DOCUMENT # **G 71536**

1. Corporation Name

PAGE PROPERTIES, INC

2. Principal Office Address - No P.O. Box #

12930 NORTH A1A

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

Zip

32963

Country

INDIAN RIVER

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1995

5. FEI Number

59-235-0660

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

DAVID DICKENSON

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

150 EAST PALMETTO PARK RD

Suite, Apt. #, etc.

500

City

BOCA RATON

State

FL

Zip Code

33432

000266020860
10/30/14--01037--002 **750.00

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

REGISTERED AGENT MUST SIGN

Date

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
PT/IS	JUNE PAGE FALLON	12930 NORTH A1A	VERO BEACH, FL 32963

REINSTATEMENT

OCT 30 2014

R. HUNT

10. E-mail Address: **PAGE PROPERTIES@HOTMAIL.COM**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am 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.

SIGNATURE:

June Page Fallon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-14

Date

Daytime Phone #