

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

99/00  
CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Kathleen Harris  
State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 27 AM 11:07

DOCUMENT #

K12433

1. Corporation Name

A. PAGANO DESIGN, Inc

2. Principal Office Address

3920-CENTRAL AVE

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

Zip

33711

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

1.21.88

5. FEI Number

59 29 33449

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

ADA MARIE PAGANO-HOYT

800003350178-6

-08/08/00--01105--002

\*\*\*300.00 \*\*\*300.00

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

967-LANDMARK CIRCLE

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33715

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

*A. Pagano*

REGISTERED AGENT MUST SIGN

Date 7.24.00

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
PRES	ADA M. PAGANO	967-LANDMARK CIRCLE	ST. PETE, FL. 33715

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: *A. Pagano*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.24.00

Date

(727) 321-8210

Daytime Phone #

CR2E081 (9/99)



A. Pagano Design, Inc.

3920 Central Ave.  
St. Petersburg, FL 33711

7.24.00

Dear Sirs,

I never received any request  
for payment for the 2 years outstanding.  
Please accept my \$300.00 payment  
to bring me current.

Sincerely,

Ada Pagano