

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -4 PH 3: 52

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DOCUMENT # L93125

1. Corporation Name
Paugh, Inc.

Principal Place of Business **Mailing Address**

218 Duval Street
Key West FL 33040

If above addresses are identical in any way, list through two-mail information and your attention below.

2. Home Telephone Office (FAX-OK) (Applicable)

3. Home Mailing Office Address (If Applicable)

State / Zip / City

State / Zip / City

City / State

City / State

Zip

COUNTY

Zip

COUNTY

**4. Date Transmitted or Received
To Or From Secretary of State**
08-14-1990

5. File Number
65-0223748

Appointed For
(the department)

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Please attach additional sheets for more than 4 directors)

1. Title	2. Name of Officer or Director	3. Street Address of Officer or Director (Do NOT use P.O. Box for Mailing Address)	4. City / State / Zip
Pres	Elizabeth Jankowski	218 Duval Street	Key West FL 33040

8. Name and Address of Current Registered Agent

9. Name and Address of Your Registered Agent

Donker Mitchell
12130 NW 47 Ave
Belleview FL 34420

NAME
STREET ADDRESS (P.O. Box NUMBER IS NOT ACCEPTABLE)
STATE / Zip / City
City **FL** **33040**

10. I hereby declare that I am a resident of the state of Florida and accept the designation of Donker Mitchell, P.A.

Signature of Registered Agent *Donker Mitchell* **Date** 11-3-1999

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other place for information on intangible tax.)

12. I certify that I am an officer or director or the register or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this application for reinstatement, it is a reason for reinstatement has been determined, the corporation has satisfied the requirements of section 607.04(1) or 617.04(1), F.S., that all taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 110.07(1)(C), F.S. The information reflected on this application is true and correct, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Elizabeth Jankowski* **11-03-1999 305-534-9292** **AD**

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**Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State**

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To:

**Division of Corporations
Fax Number : (850) 922-4004**

From:

**Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346**

CORPORATION REINSTATEMENT

PAUGH, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$758.75