

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 MAY 21 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M94822

1. Corporation Name

Pasco Properties Inc.

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

c/o Capell Barnett Matalon & Schoenfeld LLP

Suite, Apt. #, etc.

100 Jericho Quadrangle, Suite 233

City & State

Jericho, NY

Zip

11753

Country

U.S.A.

3. Mailing Office Address

c/o Capell Barnett Matalon & Schoenfeld LLP

Suite, Apt. #, etc.

100 Jericho Quadrangle, Suite 233

City & State

Jericho, NY

Zip

11753

Country

U.S.A.

100235618211

05/23/12--01004--002 ***4050.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

08/17/1988

5. FEI Number

59-2904535

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

Howard Capell

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

6733 Palermo Way

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33467

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

Howard Capell
REGISTERED AGENT MUST SIGN

Date 5/17/2012

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
PC	Joan Barnett	10 LeCluse Lane	Huntington Bay, NY 11743
VD	Robert S. Barnett	10 LeCluse Lane	Huntington Bay, NY 11743

REINSTATEMENT 1990-2012

10. E-mail Address: rbarnett@cbmslaw.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 application to the Department of State constitutes a third degree felony as provided for in s.817 155, F.S.

SIGNATURE:

Robert S. Barnett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/2012

516 931 8100

Date

Daytime Phone #

MAY 29 2012