


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 OCT 11 PM 3:09

STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N03000004882**

1. Corporation Name

**PAS HOLDINGS, INC**

~~W06000021000~~

2. Principal Office Address

**8324 INTERNATIONAL DR**

Suite, Apt. #, etc.

3. Mailing Office Address

**9130 Pecky Cypress Way**

Suite, Apt. #, etc.

City & State

**Orlando FL**

City & State

**Orlando FL**

Zip

**32819**

Country

**USA**

Zip

**32636-6562**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**06-09-2003**

5. FEI Number

**43-2018319**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

~~PAS HOLDINGS, INC~~ **PRAVIN N PATEL**

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

~~9130 Pecky Cypress Way~~ **2426 E SEMORAN BLVD**

Suite, Apt. #, Etc.

~~APT 0142~~ **FL 32703**

City

**Orlando**

State

**FL**

Zip Code

**32636-6562**

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

**X** 

Date

**03-07-2006**

REGISTERED AGENT MUST SIGN

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
<b>Pres</b>	<b>PAUL A. SKINGLEY</b>	<b>9130 Pecky Cypress Way</b>	<b>Orlando FL 32636-6562</b>

**900081205209**  
**10/25/06-01059-015 \*\*183.75**

**REINSTATEMENT 04-01**

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 contained in Chapter 119, 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: **X**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-07-06**

Date

Daytime Phone #

2/2

OCT 5 2006

Michelle Milligan

I talked to you this  
week on the phone and I thank  
you for your help. I would like  
to dissolve my "for profit" corporation  
AND REINSTATE "NOT FOR PROFIT" CORPORATION  
THANK YOU AGAIN

Paul Shugh

Pravin Patel gave permission to add the  
statement "The Corporation has no intention of  
revoking the voluntary Dissolution; therefore  
releasing the name."

Michelle Milligan  
10/11/06