

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000033185

1. Corporation Name

PANGEA COMMUNICATIONS, INC.

Principal Place of Business

105 POSEIDON LANE
PONTE VEDRA BEACH FL 32082

Mailing Address

105 POSEIDON LANE
PONTE VEDRA BEACH FL 32082

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

830-13 A1A NORTH

Suite, Apt. #, etc.

363

City & State

PONTE VEDRA BEACH, FL

Zip

32082

Country

ST JOHNS

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/2000

5. FEI Number

59-3634680

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	LAVRETTA, ROBERT L	105 POSEIDON LN	PT VEDRA BCH FL

P000008811477

11/05/02--01094--024 **150.00

8. Name and Address of Current Registered Agent

LAVRETTA, ROBERT L
105 POSEIDON LANE
PONTE VEDRA BEACH FL 32082

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/30/02

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., 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/02

Daytime Phone #

CR2E040 (8-02)

10/30/02

TO WHOM IT MAY CONCERN:

THE MAILING ADDRESS FOR PAUGER COMMUNICATIONS, INC
CHANGED SEVERAL MONTHS AGO AND AS A RESULT I DID
NOT GET YOUR NOTICE. I THOUGHT I HAD NOTIFIED
EVERYONE CONCERNED OF THE NEW ADDRESS HOWEVER
I MISSED YOU.

Respectfully,

R. Lauretta

ROBERT LAURETTA

PRESIDENT

PAUGER COMMUNICATIONS, INC

830-13 AIA NORTH #363

ROUTE VEDNA BEACH, FL 32082

(904) 759-6269