

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
02 DEC 18 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**

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

**DOCUMENT #** P00000081682

1. Corporation Name

PASCAP DEVELOPMENT CO., INC.

2. Principal Office Address

11314 WEST TEACH ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

11314 WEST TEACH ROAD

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS FL

City & State

PALM BEACH GARDENS FL

Zip

33410

Country

USA

Zip

33410

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8/29/2000

5. FEI Number

65-0469610

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

PASQUALE J CAPALBO

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

11314 W TEACH ROAD

Suite, Apt. #, Etc.

City

PALM BEACH GARDEN

State

FL

Zip Code

33410

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

*12-12-02*

**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
D	PASQUALE J CAPALBO	11314 W TEACH ROAD	PALM BCH GARDEN, FL 33410

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:**

*[Signature]* PASQUALE CAPALBO

Date

*12-12-02*

Daytime Phone #

*561-627-8858*