

FROM : LAZARUS

FAX NO. : 3852201440

Feb. 26 2008 12:53PM P1

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 FEB 28 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300119933073  
03/11/08--01012--002 \*\*450.00

CR2E061 (1/07)

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000039418

1. Corporation Name  
Pace Investment mgmt. Corp.

2. Principal Office Address - No P.O. Box # 100 Grapetree drive Sui. Apt. #, etc. 10 FS		3. Mailing Office Address 100 Grapetree drive Bldg., Apt. #, etc. 10 FS	
City & State Key Biscayne, FL		City & State Key Biscayne, FL	
Zip 33149	Country USA	Zip 33149	Country USA

4. Date Incorporated or Qualified To Do Business in Florida		Applied For
5. FEI Number 020591798		Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Fee To Be Paid for a Certificate of Status

7. Name and Address of Current Registered Agent

Name De la Hama, Josefina		State FL	Zip Code 33149
Street Address (P.O. Box Number is Not Acceptable) 100 Grapetree drive			
City, Apt. #, Etc. 10 FS			
Key Biscayne			

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Josefina de la Hama	100 Grapetree drive Apt #10 FS	Key Biscayne, FL 33149

REINSTATEMENT

06-08

I certify that I am an officer or director of 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.

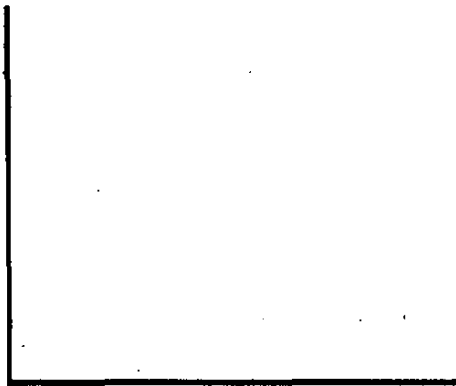
SIGNATURE

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

County Phone #

**LAZARUS**  
**CORPORATE FILING SERVICE**  
**3320 SW 87<sup>TH</sup> AVENUE**  
**MIAMI, FL 33165**  
**305-552-5973**



Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. PACE INVESTMENT MGMT CORP  
 (Corporation Name) (Document #)

2. \_\_\_\_\_  
 (Corporation Name) (Document #)

3. \_\_\_\_\_  
 (Corporation Name) (Document #)

4. \_\_\_\_\_  
 (Corporation Name) (Document #)

DEPT. OF REVENUE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

08 FEB 28 AM 11:14

RECEIVED

- Walk in    
  Pick up time 2.00    
  Certified Copy  
 Mail out    
 Will wait    
 Photocopy    
 Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

**Examiner's Initials**