

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 30 PM 5:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 02000040576

**1. Corporation Name**

Paige Enterprises Inc.

900026885309  
01/13/04--01090--014 \*\*150.00

**REINSTATEMENT**

**2. Principal Office Address**

2639 N MONROE ST. STE B-400

Suite, Apt. #, etc.

City & State

Tallahassee

Zip  
FL 32303

Country

Leon

**3. Mailing Office Address**

P.O. Box 4295

Suite, Apt. #, etc.

City & State

Tallahassee

Zip  
32315-4295

Country

Leon

**4. Date Incorporated or Qualified  
To Do Business in Florida**

04/15/02

**5. FEI Number**

30-00000071

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

Brooklyn Paige

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

2639 N MONROE ST. STE B-400

Suite, Apt. #, Etc.

City

Tallahassee

State  
FL

Zip Code  
32303

**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

Brooklyn Paige

Date 12/30/03

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
P	Brooklyn Paige	2639 N MONROE ST. STE B-400	Tallahassee, FL 32303

**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:**

Brooklyn Paige

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/30/03

Daytime Phone #

1 of 2

3

CR2E081 (10/02)

2 of 2

DECEMBER 30, 2003

TO WHOM IT MAY CONCERN:

THIS LETTER IS IN RESPONSE TO A LETTER OF DISSOLUTION THAT I RECEIVED JUST THIS PAST MONTH. THE LETTER INDICATED THAT THIS WAS A FINAL NOTICE. HOWEVER, THIS IS THE FIRST NOTIFICATION THAT I HAVE RECEIVED. I'M NOT SURE WHETHER OR NOT THE BUSINESS HAS BEEN DISSOLVED, BUT I WOULD LIKE TO HAVE IT REINSTATED.

ENCLOSED YOU WILL FIND THE DOCUMENTATION WHICH INCLUDES MY FEI NUMBER.

SINCERELY,

*Brooklyn Paige*

BROOKLYN PAIGE

RECEIVED  
03 DEC 30 PM 2:28  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA