

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : BROAD AND CASSEL (BOCA RATON)
Account Number : 076376001555
Phone : (561) 483-7000
Fax Number : (561) 218-8960

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: sresre@aol.com

CORPORATION REINSTATEMENT
PAVILION GENERAL PARTNER, INC.

Certificate of Status	0
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Corporate Filing Menu

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 DEC -2 AM 11:58

DOCUMENT # P03000060168

1. Corporation Name

PAVILION GENERAL PARTNER, INC.

2. Principal Office Address - No P.O. Box # 6806 North State Road 7 Suite, Apt. #, etc.		3. Mailing Office Address 6806 North State Road 7 Suite, Apt. #, etc.	
City & State Coconut Creek, FL		City & State Coconut Creek, FL	
Zip 33073	Country USA	Zip 33073	Country USA

REINSTATEMENT 07-09 ^{KS}

4. Date Incorporated or Qualified To Do Business in Florida **June 2, 2003**

5. FEI Number **20-0026857** 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
BCRA, LLC

Street Address (P.O. Box Number is Not Acceptable)
7777 Glades Road

Suite, Apt. #, Etc.
Suite 300


City
Boca Raton

State
FL

Zip Code
33434

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.

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  Date **12/02/09**

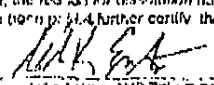
REGISTERED AGENT MUST SIGN

9. Name and Street Address 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.V.T	Saul R. Epstein	6806 North State Road 7	Coconut Creek, FL 33073
D.P.S	Richard Famiglietti	6806 North State Road 7	Coconut Creek, FL 33073

10 E-mail Address: **SRESRE@aol.com** (To be used for future annual report notification)

11. I certify that I am an officer or director or duly authorized representative of this corporation and I am 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 I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if written under oath.

SIGNATURE:  **Saul R. Epstein, VP** Date **12/02/09** Daytime Phone # **954/312-3507**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #