

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000173502

1. Entity Name
PACE SALES AND MARKETING, INC.



FILED
05 NOV 10 PM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1832 ATLANTIC PLACE
FERNANDINA BEACH, FL 32034**

Mailing Address
**1832 ATLANTIC PLACE
FERNANDINA BEACH, FL 32034**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



REINSTATEMENT

4. FEI Number
20-2147377

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BIST, MICHAEL P
1300 THOMASWOOD DRIVE
TALLAHASSEE, FL 32308**

7. Name and Address of New Registered Agent
Name **LINDA S. PACE**
Street Address (P.O. Box Number is Not Acceptable)
1832 ATLANTIC PLACE
City **FERNANDINA BEACH** FL **32034**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Linda S. Pace* **LINDA S. PACE** **11-08-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PACE, JEFFERSON D 1832 ATLANTIC PLACE FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700061344597 11/10/05--01041--015 ***758.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PACE, LINDA S 1832 ATLANTIC PLACE FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jefferson D. Pace* **PRESIDENT** **11-08-05** **404-667-2661**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #