PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 APR 24 AM 9:55

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 11-13

CR2E081 (11/10)

DOCUMENT # P05000100545

1. Corporation Name

PAGA, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3985 RAVENSWOOD RD. FT. LDLE, FL 33312	3985 RAVENSWOOD RD. FT. LDLE, FL 33312
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT LAUDERDALE, FL	City & State: FORT LAUDERDALE, FL
Zip: 33312 Country: U.S.	Zip: 33312 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 7/18/05

5. FEI Number: 20-3179498 ☐ 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: PAMELA GAYTAN

Street Address (P.O. Box Number is Not Acceptable): 9083 VINEYARD LAKE DR.

Suite, Apt. #, Etc:

City: PLANTATION State: FL Zip Code: 33324

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03/14/13--01037--003 **1050.00

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: Pamela Gaytan Date: 4/17/13

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	PAMELA GAYTAN	9083 VINEYARD LAKE DR. ~~PLANTATION, FL 33~~	PLANTATION, FL 33324
			APR 25 2013
			T. CAULEY

10. E-mail Address: _____
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Pamela Gaytan (Pamela Gaytan) 4-17-13 954-583-9656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #