PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10 JUL 22 AH 9: 20

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P06000092383

1. Corporation Name

Passages Development, Inc.

7001835637
07/22/10--01037--007 **900.00

2. Principal Office Address - No P.O. Box # 1736 Ocean Drive	3. Mailing Office Address 1736 Ocean Drive	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	CR2E081 (6/10)

City & State Vero Beach, FL	City & State Vero Beach, FL	4. Date Incorporated or Qualified To Do Business in Florida **7/12/2006**

Zip 32963	Country	Zip 32963	Country	5. FEI Number 205239461	☐ 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   Philippe Jeck

Street Address (P.O. Box Number is Not Acceptable)
790 Juno Ocean Walk

Suite, Apt. #, Etc.
Suite 600

City Juno Beach	State FL	Zip Code 33408

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 _____ REGISTERED AGENT MUST SIGN   Date 7/12/2010

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
D	R. Mason Simpson	1736 Ocean Drive	Vero Beach, FL 32963
		REINSTATEMENT 09-10	B 7/23/10

10. E-mail Address: cheryl@masonsbeckoncall.com

(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., 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.

SIGNATURE: _____   7/7/2010

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