2004 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT							,	FILER		
DOCUMENT # P93000009206							SECRETA DIVISION OF	RYOF	STATE	
1. Entity Name PACE EN		SE. INC.	1		- A MOION OF	CORPO	RATION	S		
						7	04 OCT 1	5 AH /	3: An	. /
Principal Place	e of Busines	s	<u> </u>	TE TIME	STATE	NIFR	Sinta U	04		
4201 AUCKL			4201 AUCKLAND ROAD	1201 AUCKLAND ROAD Pace, FL 32571			Ailir	TABFF P.	<b>*******</b>	$O_{\perp}$
PACE, FL 32	:371				I FRIAS AIRTA ABRICATEI CEIF	t <b>us</b> ik uskiš išt	ra istri edita diif	toni fi istoi		
2. Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc. 4201 Auckland Suite, Apt. #, etc. Suite, Apt. #, etc.						f convent m	t (mint iiiii a'niii saili sail	) 6201 64114 WY		MOL
Pensacola Flouda Pace Floudo						10112004	REIN-P	CR2EC	98 (6/04)	
City & State City & State					SA	4. FEI Numbe 59-319			_ <del>  ``</del>	plied For t Applicable
Zip		Country	Zip	Cour	itry		of Status Desired		8.75 Addi	
	6. Name	and Address of Curren	7. Name and Address of New Registered Agent							
FREEMAN JAMES B										
4201 AUC	KLAND R		Street Address (P.O. Box Number is Not Acceptable)							
PACE, FL 32571						*				
					Cíty			FL	Zip Code	<b>∍</b>
			or the purpose of changing its	register	ed office or regis	stered agent, or bo	th, in the State of Flo	rida. I am f	amiliar with,	and accept
the obligations of registered agent.  10 - 11 - 0 4										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
Fil	LE NOWIII	FEE 18 \$150.00					In accordance v	with s. 607.	193(2)(b),	F.S., the
After Jar	nuary 1, 20	005, Fee will be \$300.	.00				corporation did	not receive	the prior n	notice.
10.		OFFICERS ANI	·····	11.		ADDITIONS	CHANGES TO OFF	ICERS AND		
TITLE NAME				TITL NAM			•		☐ Change	Addition
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TITLE	FAUL, FI		☐ Delete	· tm				<b></b>	☐ Change	☐ Addition
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CITY-ST-ZIP				CIT	Y-ST-ZIP	10). [-	J, 04 -01030			
TITLE NAME			☐ Delete	TITI Nai	Ī				☐ Change	Addition
STREET ADDRESS				STE	REET ADDRESS			•		
CITY-ST-ZIP	certify that ti	he information supplied w	ith this filing does not qualify fo	r the ex	Y-ST-ZIP emotion stated in	Section 119.07(3)	(i), Florida Statutes	I further cer	tify that the i	nformation
indicated of the co	d on this reportion or	ort or supplemental report the receiver or trustee em	t is true and accurate and that in powered to execute this report	my sign: t as requ	ature shall have ti	ne same legal effe	ct as it made under	oatn; mat i a	ım an omçer	rorairector i
changed	or on an at	tachment with an address	s, with all other like empowered	1.			<b>j</b> a 11 a	(-85	20)	-1C2
SIGNATURE: SUSPATURE AND TYPED OR PRINTED TRAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Prone #										