

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

05 NOV 21 AM 8:51

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000078287

1. Corporation Name

PACE PROPERTIES, INC.

2. Principal Office Address

402 CROSSWINDS DR

Suite, Apt. #, etc.

3. Mailing Office Address

402 CROSSWINDS DR

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

City & State

PALM HARBOR, FL

Zip

34683

Country

UNITED STATES

Zip

34683

Country

UNITED STATES

REINSTATEMENT

CR2E081 (8/05)

96-05

4. Date Incorporated or Qualified To Do Business in Florida

11/11/1993

5. FB Number

59-3214392

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DES-REG

6875: Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Vivian Pace

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

402 Crosswinds Drive

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34683

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 of the F.S., F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Title and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Alfonse Pace	402 Crosswinds	Palm Harbor, FL 34683
Vice Pres	Vivian Pace	402 Crosswinds	Palm Harbor, FL 34683

I certify that I am an officer or director of the corporation 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b), F.S. 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:

Vivian Pace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-3-05 727946-1393

Date

Daytime Phone #