

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR -4 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000064087

1. Corporation Name

PAGECO INTERNATIONAL, INC.

2. Principal Office Address

2755 E. OAKLAND PK

3. Mailing Office Address

BLVD SAME

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL.

City & State

Zip

33306

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

AUGUST 30, 1994

5. FEI Number

65-0519701

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

PAUL J. LANE

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

2755 E. OAKLAND PK BLVD

Suite, Apt. #, Etc.

300

City

FT LAUDERDALE, FL 33306

State

FL

Zip Code

33306

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

3-26-02

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 |
|--------|--------------------------------------|---|---------------------------------|
| PRES | ABBAS SADRIWALLA | <u>2755 E. OAKLAND PARR BLVD #300</u> | <u>FT. LAUDERDALE, FL 33306</u> |
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10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

Abbas A Sadriwalla ABBAS SADRIWALLA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03-28-02 954-5660996

Daytime Phone #

CR2E081 (9/01)