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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

02 FEB -1 PM 4:05

CORPORATION REINSTATEMENT



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000067623

1. Corporation Name
PASQUALE PROPERTIES, INC.

2. Principal Office Address 1386 Lands End Rd. Suite, Apt. #, etc.		3. Mailing Office Address 701 Brickell Ave. Suite, Apt. #, etc. Suite 3000	
City & State Pt. Manalapan, FL		City & State Miami, FL	
Zip 33462	Country USA	Zip 33131	Country USA

REINSTATEMENT 98-02

4. Date Incorporated or Qualified To Do Business in Florida 9-12-94

5. FEI Number 65-0747674 **Applied For** Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$9.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name INTRASTATE REGISTERED AGENT CORPORATION

Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Ave.

Suite, Apt. #, Etc. Suite 3000

City Miami **State** FL **Zip Code** 33131

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.

INTRASTATE REGISTERED AGENT CORPORATION

Signature of Registered Agent *[Signature]* **Steven H. Hagen** **Date** 1-31-02

REGISTERED AGENT MUST SIGN Vice President

CRUCIAL (1/02)

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
DP	Pasquale, Charles	1386 Lands End Rd.	Pt. Manalapan, FL 33462
ST	Pasquale, Joanne	1386 Lands End Rd.	Pt. Manalapan, FL 33462

10. I certify that I am an officer or director of the resumer or trustee empowered to execute this application as provided for in Chapter 607 or 617, F.S. I further certify that when this reinstatement application is approved, the corporation in the State is in compliance with the requirements of Section 607.0501 or 617.0401, F.S., that all fees owed by the corporation have been paid, and the name of the resumer or trustee listed on this form do not qualify for an exemption under section 119.07(2)(b), F.S. The information indicated on this application is true and correct to the best of my knowledge and belief.

SIGNATURE *[Signature]* **Charles J. Pasquale** **Date** 1/31/02 **561 533 5400**

11. When filing this application, the filer must pay the fee indicated on this form.

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To: Division of Corporations
Fax Number : (850) 205-0384

From: Account Name : JAM MARK LIMITED
Account Number : I20000000112
Phone : (305) 789-7758
Fax Number : (305) 789-7799

CORPORATION REINSTATEMENT

PASQUALE PROPERTIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,350.00