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2007 MAR 21 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000067623					
1. Corporation Name Pasquale Properties, Inc.					
2. Principal Office Address - No P.O. Box # 1386 Lands End Rd.			3. Mailing Office Address 1386 Lands End Rd.		
City & State Pt. Manalapan, FL			City & State Pt. Manalapan, FL		
Zip 33462		Country USA		Zip 33462	
Country USA		4. Date incorporated or classified To Do Business in P. 1100 9-12-1994			
5. Federal Tax ID # 65-0747674		Applied For <input type="checkbox"/> Not Applicable			
6. CERTIFICATE OF STATE REQUIRED <input type="checkbox"/> <small>See Instructions for Requirements for a Certificate of State</small>					
7. Name and Address of Current Registered Agent Charles Pasquale 1386 Lands End Rd. Pt. Manalapan State FL Zip Code 33462					
8. (If being prepared the incorporator or incorporators, and transfer with and accept the obligations of sections 607.0010 or 617.0001, F.S.) Signature of Registered Agent: <i>Charles Pasquale</i> Date: 3-19-07 REGISTERED AGENT MUST SIGN					
9. Names 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	
PD	Pasquale, Charles	1386 Lands End Rd.		Pt. Manalapan, FL 33462	
SD	Pasquale, Joanne	1386 Lands End Rd.		Pt. Manalapan, FL 33462	
REINSTATEMENT 03-07					
10. I certify that I am an officer or director of the corporation or have authorized someone to execute this application as provided for in chapter 607 of the 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 contained in Chapter 119, 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: <i>Charles Pasquale</i>		Name: Charles Pasquale		Date: 3/19/07	

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

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*Second Request
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CORPORATION REINSTATEMENT

PASQUALE PROPERTIES, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
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