PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

P95000032587

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

FILED
99 MAR 29 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000032587

1. Corporation Name: PAULICORP INC.

Principal Place of Business: 1997-99

Mailing Address:

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable
3955 N. FEDERAL HWY
Suite, Apt. #, etc.
City & State: LIGHTHOUSE POINT, FL
Zip: 33064 Country: USA

3. New Mailing Office Address, If Applicable
3955 N. Federal Hwy
Suite, Apt. #, etc.
City & State: Lighthouse Point, FL
Zip: 33064 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 4/26/95

5. FEI Number: 65-0580823 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRESIDENT	PAULO NACARATO	10294 RIVERBEND TERRACE	BOCA RATON, FL 33498

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***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

MARK E. FRIED
1001 S. BAYSHORE DRIVE #2706
MIAMI, FL 33131

9. Name and Address of New Registered Agent

Name: PAULO NACARATO
Street Address (P.O. Box Number is Not Acceptable): 10294 RIVERBEND TERRACE
Suite, Apt. #, Etc.:
City: BOCA RATON State: FL Zip Code: 33498

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: PAULO NACARATO
REGISTERED AGENT MUST SIGN
Date: 3/24/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 this 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: PAULO NACARATO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/99
Date

(954) 788-7390
Daytime Phone #