

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

03 NOV 17 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000034848**

1. Corporation Name

PACVGA DEVELOPMENT, INC.

2. Principal Office Address

138 PALM COAST PARKWAY

Suite, Apt. #, etc.

SUITE 136

City & State

PALM COAST, FL

Zip

32137

Country

USA

3. Mailing Office Address

"SAME"

Suite, Apt. #, etc.

"SAME"

City & State

Zip

32137

Country

FLAGLER

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

4/28/1995

5. FEI Number

59-3312034

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

CYNTHIA A. CABRERA

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

138 PALM COAST PARKWAY

Suite, Apt. #, Etc.

SUITE 136

City

PALM COAST

State

FL

Zip Code

32137

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

Cynthia Cabrera

REGISTERED AGENT MUST SIGN

Date **11/13/03**

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
TD	CABRERA, CYNTHIA A.	138 PALM COAST PRKWY #136	PALM COAST, FL 32137
PD	CABRERA, CYNTHIA V.	138 PALM COAST T. PRKWY #136	PALM COAST, FL 32137

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:

Cynthia Cabrera

11/13/03

Date

Daytime Phone #

CR2E081 (10/02)