

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000017890

1. Corporation Name

PAJE, INC.

Principal Place of Business

Mailing Address

8631 NW 48TH ST.
LAUDERHILL FL 33351
US

8631 NW 48TH ST
LAUDERHILL FL 33351-5444
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/1996

5. FEI Number

65-0646765

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 3	City / State / Zip 4
PVST	BARNABA, JUANITA R	8631 NW 48TH ST	LAUDERHILL FL 33351
VP	BARNABA, PAUL J	8631 NW 48TH ST	LAUDERHILL FL 33351

600031746406
04/02/04 01054 007 ***300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Lawrence J. Spiegel
LAWRENCE J. SPIEGEL
REGISTERED AGENT MUST SIGN

Date

3-31-04

11. 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)(l), 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.

PAUL J. BARNABA

SIGNATURE:

Paul J. Barnaba
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-04 954-572-5911

Date

Daytime Phone #

CR2E040 (7/03)

282

PAUL J. BARNABA

8631 N.W. 48TH STREET
LAUDERHILL, FL 33351-5444
954-572-5911

TO: FLORIDA DEPT. OF STATE

SUBJECT: REINSTATEMENT APPLICATION

Enclosed is check for \$300.00 to cover fee. I never received 2003 application
annual report.

TO COVER 2003 & 2004

PAJE INC.

Paul J. Barnaba