

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 24 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100024981021
11/24/03--01088--022 **908.75

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000080584

1. Corporation Name

A.L. PANTAGES, INC.

2. Principal Office Address

1321 Ridgewood Ave

Suite, Apt. #, etc.

City & State

Holly Hill FL

Zip

32117

Country

US

3. Mailing Office Address

317 Riverside Drive

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

Zip

32176

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

September 26, 1996

5. FEI Number

593402994

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

Amy L. Pantages

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

317 Riverside Drive

Suite, Apt. #, Etc.

City

Ormond Beach

State

FL

Zip Code

32176

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

Amy L. Pantages
Amy L. Pantages

REGISTERED AGENT MUST SIGN

Date 11/20/03

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 |
|---------|--------------------------------------|---|------------------------|
| P/T/S/D | Amy L. Pantages | 317 Riverside Drive | Ormond Beach, FL 32176 |
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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)(f), 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:

Amy L. Pantages
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Amy L. Pantages

Date

11/20/03

(386) 673-3255

Daytime Phone #

CR2081 (10/02)