


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

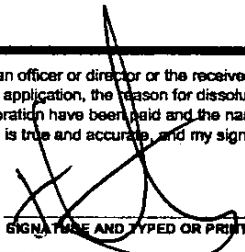
<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> <u>P971000088046</u>			
1. Corporation Name  Pantages Properties, Inc.			
2. Principal Office Address 631 North Ridgewood Ave. Suite, Apt. #, etc.		3. Mailing Office Address  Suite, Apt. #, etc.	
City & State Daytona Beach, FL		City & State	
Zip 32114	Country USA	Zip	Country

**FILED**  
05 FEB 21 PM 3:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 03-05**

4. Date Incorporated or Qualified To Do Business in Florida October 10, 1997	
5. FEI Number 59-3499928	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Dana Pantages		
Street Address (P.O. Box Number is Not Acceptable) 631 North Ridgewood Ave.		
Suite, Apt. #, Etc.		
City Daytona Beach	State FL	Zip Code 32114

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		Date <u>2/18/05</u>	
REGISTERED AGENT MUST SIGN			
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
PSTD	Dana Pantages	631 North Ridgewood Ave Daytona Beach, FL 32114	
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:		Date	Daytime Phone #
		<u>2/18/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E081 (01/05)