

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED

00 OCT 23 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000104874

1. Corporation Name

PACE' GROUP, INC.

Principal Place of Business

Mailing Address

4216 MONROE STREET
HOLLYWOOD FL 33021

4216 MONROE STREET
HOLLYWOOD FL 33021

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0806189

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	PACE', THOMAS RALPH JR	4216 MONROE STREET	HOLLYWOOD FL 33021

300003457333-4
-11/08/00-01062-001
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PACE', THOMAS RALPH JR
2117 HOLLYWOOD BLVD
SUITE 5
HOLLYWOOD FL 33020

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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)(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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LS

CR2E040 (9/00)

208

PACE GROUP, INC.
2117 Hollywood, Ste 5
Hollywood, FL 33020

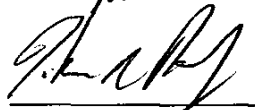
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

This letter is regarding the Notice of Administrative Dissolution or Revocation of my corporation. During 1999 my business address changed. My Annual Corporate Return was never received. Attached please find check # 1932 in the amount of \$150.00 and necessary corrections. I had a change in my bookkeeping department and had my tax return checklist misplaced. Unfortunately I depended upon these reminders for the filing of my annual forms. Obviously it was not my intention to have my corporate status expire. Please take into consideration the above and abate the penalties. Thank you for your consideration.

If you have any questions or are in need of any additional information please call my office.

Sincerely,


Thomas Pace