

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 JAN 16 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P 98000018837**

**1. Corporation Name**

**PAI Contractors, Inc.**

800012224988  
02/10/03--01011--017 \*\*150.00

800012224988  
02/10/03--01011--016 \*\*150.00

**2. Principal Office Address**

**3. Mailing Office Address**

**5421 Beaumont Ctr. Blvd.**

**5421 Beaumont Ctr. Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#685**

**#685**

City & State

City & State

**Tampa, Florida**

**Tampa, Florida**

Zip

Country

Zip

Country

**33634**

**USA**

**33634**

**USA**

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

**02/26/1998**

**5. FEI Number**

**59-3505246**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

**7. Name and Address of Current Registered Agent**

Name

**Andrew Service Corporation of Florida**

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

**201 N. Franklin Street**

Suite, Apt. #, Etc.

**Suite 2100**

City

**Tampa**

State

**FL**

Zip Code

**33602**

**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.**

**Andrew Service Corporation of Florida**

Signature of  
Registered Agent

**Joseph D. Edwards**  
REGISTERED AGENT MUST SIGN

Date **01/08/2003**

**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	J. Stephen Vasen	5600 Roswell Road	Atlanta, Georgia 30342

**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:**

**Stephen Vasen**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/6/03**  
Date

**404-250-1655**  
Daytime Phone #