Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

001641.104217

CORPORATION REINSTATEMENT

PAG OF SARASOTA, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$1,508.75

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To: FL Dept. of State
Subject: 001641.104217

From: Katie Wonsch

Tuesday, May 12, 2009 2:02 PM

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAY 12 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000024556

1. Corporation Name

PAG of Sarasota, Inc.

REINSTATEMENT 04-09

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1990 Main Street		46 N. Washington Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 801		Suite 1	
City & State		City & State	
Sarasota FL		Sarasota FL	
Zip	Country	Zip	Country
34236	USA	34236	USA

4. Date Incorporated or Qualified To Do Business in Florida: 03-16-98

5. FEI Number: 65-0843406 ☐ 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: LPS Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 46 North Washington Blvd.

Suite, Apt. #, Etc.: 1

City: Sarasota | State: FL | Zip Code: 34236

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: [signature] VP — Date: 5/5/09

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	Michael Von Guttenberg	2746 Hibiscus Street	Sarasota FL 34239

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 contained in Chapter 119, 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] — 941-955-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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5/5/12