

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -1 AM 11:41

DOCUMENT # P98000039169

1. Corporation Name

PAGE SERVICES, INC.

Principal Place of Business

3410 KORI ROAD
JACKSONVILLE FL 32257

Mailing Address

3410 KORI ROAD
JACKSONVILLE FL 32257

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
2950 Powers Ave.

Suite, Apt. #, etc.

City & State
Jacksonville, Florida

Zip
32217

Country
USA

3. New Mailing Office Address, If Applicable
2950 Powers Ave.

Suite, Apt. #, etc.

City & State
Jacksonville, Florida

Zip
32217

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/28/1998

5. FEI Number

58-2003975

Applied For

Not Applicable

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
P	John W. Pahk	8787 Southside Blvd.#301	Jacksonville, FL 32256
vp	James A. von Arx	8324 Barquero Crt.	Jacksonville, FL

100003038931--5
-11/09/99--01009--019
***758.75 ***758.75

8. Name and Address of Current Registered Agent

CURTIS, C. WILLIAM III
1935 SAN MARCO BOULEVARD, #6
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

Name
C. William Curtis III
Street Address (P.O. Box Number is Not Acceptable)
1930 San Marco Blvd.
Suite, Apt. #, Etc.
#202
City
Jacksonville
State
FL
Zip Code
32207

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

C. William Curtis III

Date 10/15/99

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:

John Pahk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

10/15/99 (904) 260-6260

Date

Daytime Phone #

AD