

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 FEB 28 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000039169

1. Corporation Name

Pace Services, Inc.

2. Principal Office Address

2004 University Blvd. West

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32217

Country

U.S.A.

3. Mailing Office Address

2004 University Blvd. West

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32217

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

4/28/1998

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. Name and Address of Current Registered Agent

Name

C. William Curtis, III

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

2004 University Blvd. West

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32217

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

C. William Curtis, III

REGISTERED AGENT MUST SIGN

Date

2/27/01

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
P, S, T, D	John W. Pakk	2004 University Blvd West	Jacksonville, FL 32217

REINSTATEMENT 00-01178

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:

John Pakk

John Pakk

02-27-2001

Date

(904) 260-6260

Daytime Phone #