PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUL 26 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P98000097460

1. Corporation Name

PAVONE, INC.

REINSTATEMENT 01-02

2. Principal Office Address	**3.** Mailing Office Address
1543 2ND ST	1543 2ND ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FL	City & State: SARASOTA FL
Zip: 34236 Country:	Zip: 34236 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 11/19/98

5. FEI Number: 65-0879487 ☐ 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: SEBASTIAN RISSE

Street Address (P.O. Box Number is Not Acceptable): 1543 2ND ST

Suite, Apt. #, Etc.:

City: SARASOTA State: FL Zip Code: 34236

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****300.00 ****300.00

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: ✓ _____ Date: ✓ 06/12/02

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
PD	FRANK WILLIAM IVESON	ASHFIELD HOUSE, HACKFORTH BEDALE NORTH YORKSHIRE DL8 1PE, UK	
VSD	JOHN B. MASTERS	7 KINGFISHER CT - BRIDGE RD EAST MOLESSEY, SURREY KT8 9HL, UK	
VSD	DIANNE K. MASSEY	101 BRIDGESTONE DRIVE - BOURNE END BUCKINGHAMSHIRE, SL8 5XQ, UK	

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: ✓ _____ 06/12/02 941-920-8759

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

jr 7/30/02

SOUTHEASTERN TEXTILES CORPORATION
320 DUNDAS DR
JACKSONVILLE FL 32218
Phone (904)-545-0557

July 24, 2002

Dear Sir or Madam:

As per my telephone call today I am sending in this reinstatement form along with the fee of $450.00. I was instructed to explain that the following month after our corporation was formed we moved into a new building. Apparently we did not sucessfully notify the appropriate office as to this move. From what I was told today the first annual report was returned by the US Postal Service.

Please accept our reinstatement notice along with the fee of $450.00 and the second check for a certificate status. If you should have need of further information please call myself at the above number.

Many Thanks,

Anita L. Russell

President

~~Cordially,~~

~~Sender's Name~~