PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 23 AM 10: 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600030902596
03/23/04--01026--011 **900.00

DOCUMENT # P99000062493

1. Corporation Name
PASCO GRAND CORP.

2. Principal Office Address		**3.** Mailing Office Address	
921 E. KLOSTERMAN RD.		921 E.KLOSTERMAN RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
ACCOUNTING OFFICE		ACCOUNTING OFFICE	
City & State		City & State	
TARPON SPRINGS,FL		TARPON SPRINGS	
Zip	Country	Zip	Country
34689	U.S.	34689	U.S.

4. Date Incorporated or Qualified To Do Business in Florida 7/14/99

5. FEI Number 593586513 ☐ 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
YOLANDA ROEFARO

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

REINSTATEMENT 03/04

Suite, Apt. #, Etc.
#303

City	State	Zip Code
CLEARWATER	FL	33767

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 Yolanda Roefaro Date 3-17-04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	YOLANDA ROEFARO	770 ISLANDWAY#303	CLEARWATER,FL,33767
T	YOLANDA ROEFARO	770 ISLANDWAY#303	CLEARWATER,FL,33767
S	YOLANDA ROEFARO	770 ISLANDWAY#303	CLEARWATER,FL,33767
D	YOLANDA ROEFARO	770 ISLANDWAY#303	CLEARWATER,FL,33767

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: Yolanda Roefaro Yolanda Roefaro 3/17/04 727-4886535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #