PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2018 OCT -3 PM 6:28

DOCUMENT # P99000076002

1. Corporation Name: Pavelock Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2632 Fines Creek Dr.	2632 Fines Creek Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Statesville NC	City & State: Statesville NC
Zip: 28625 Country: USA	Zip: 28625 Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business In Florida: 8/20/1999

5. FEI Number: 56-2154716 ☐ 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: CT Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

400819312524

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] Ryan Underwood, Assistant Secretary
REGISTERED AGENT MUST SIGN

Date: 10/2/18

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	Richard Pavelock	2632 Fines Creek Dr.	Statesville NC 28625
	REINSTATEMENT	OCT 03 2018	
		R HUNT	

10. E-mail Address: rpavelock2632@aol.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] R Pavelock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/18
Date

704 838-0516
Daytime Phone #

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 10/3/2018

Acc#I20160000072

Name:	Pavelock Inc.
Document #:	
Order #:	11142266

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
	☐			
Apostille/Notarial Certification:	☐		Country of Destination:	
			Number of Certs:	

Filing: ☑ Certified: ☑
Plain: ☐
COGS: ☐

Availability _____
Document ___
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: $ *up to $1200*

Thank you!

OCT 0 3 2018
R. HUNT