


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 102

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 03 NOV 18 AM 8:00

DOCUMENT # N00000004077

1. Corporation Name
PACE AREA RECREATION FOR KIDS, INC.

REINSTATEMENT 03

Principal Place of Business Mailing Address

4960 FOREST CREEK DRIVE 4960 FOREST CREEK DRIVE
 PACE FL 32571 PACE FL 32571



000024795250
 11/18/03--01008--029 **61.25

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

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **06/15/2000** *MRS*

5. FEI Number **59-3652364** 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	FORTUNE, MARY S Fortune, Mary-Stewart	4960 FOREST CREEK DR 4960 Forest Creek DR.	PACE FL 32571
VP	FORTUNE, MARY S Labomard, Kelly	4960 FOREST CREEK DR 3629 Sweet Bay Dr.	PACE FL 32571
S	BROWN, TERRY L Shell, Stephen	3577 SWEET BAY DR 5748 English Turn Dr.	PACE FL 32571
T	FORTUNE, TERRY L	4960 FOREST CREEK DR	PACE FL 32571
Ø	SHELL, STEPHEN	102 ROYAL PINES DRIVE	PACE FL 32571
	LABOMARD, KELLY	3629 SWEET BAY DRIVE	PACE FL 32571

8. Name and Address of Current Registered Agent

FORTUNE, MARY STEWART
 4960 FOREST CREEK DRIVE
 PACE FL 32571

9. Name and Address of New Registered Agent

Name _____

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

Suite, Apt. #, Etc. _____

City _____ State **FL** Zip Code _____

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. or 617.0505, F.S.

Signature of Registered Agent Mary Stewart Fortune Date 11.11.03
 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: Mary Stewart Fortune 11.11.03 (850)995-0777
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

202

October 9, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern,

Please review the enclosed application for reinstatement. To the best of my knowledge, we have not received any prior UBR notices, and we did not know that we were late in our filing. Enclosed is a check to file this report for a not-for-profit corporation.

Thank you,

Mary-Stewart Fortune
Mary-Stewart Fortune
President
Pace Area Recreation for Kids, Inc.