

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC 22 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L89169

1. Corporation Name
PATTI AND MERRITT ENTERPRISES, INC.

Principal Place of Business Mailing Address
610 S C ST PENSACOLA FL 32501 US **610 SOUTH 'C' STREET PENSACOLA FL 32501**



REINSTATEMENT 97 (with handwritten initials)

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. <i>SAME</i>		Suite, Apt. #, etc. <i>SAME</i>		08/01/1990	
City & State		City & State		5. FEI Number 59-3019602	
Zip		Country		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DST	MERRITT, JOSIE PATTI	4968 PRIETO DR.	PENSACOLA FL
VP	MERRITT, VALERIE M.	4968 PRIETO DR.	PENSACOLA FL
DP	MERRITT, CHARLES M. JR.	4968 PRIETO DR.	PENSACOLA FL
3000002383923-3 -12/26/97-01113-010 ***750.00 ***750.00			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MERRITT, JOSIE P. 610 SOUTH 'C' STREET PENSACOLA FL 32501		Name Street Address (P.O. Box Numbers 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.

Signature of Registered Agent *Josie Patti Merritt* RE GISTERED AGENT MUST SIGN Date *12/17/97*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *Josie Patti Merritt* Josie Patti Merritt 12/17 850 434-3193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E040 (8/97)