

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



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

**REINSTATEMENT 97**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/01/1990

Suite, Apt. #, etc.

*SAME*

Suite, Apt. #, etc.

*SAME*

5. FEI Number

59-3019602

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (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*

REGISTERED 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Josie Patti Merritt

Date

Daytime Phone #

*12/17 850 434-3193*

CP2E040 (8/97)