

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV 30 PM 5:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 327 057

1. Corporation Name

Patti Originals, Inc.

2. Principal Office Address

500 West Flagler St.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33130

Country

USA

Zip

Country

REINSTATEMENT

CR2E081 (8/05)

04-05

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/1968

5. FEI Number

59-1207722

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

Victor Velazquez

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

500 West Flagler St.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33130

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]

Date

11/28/05

REGISTERED AGENT MUST SIGN

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
DSD	Laudino Velazquez	2540 SW 7th Ave	Miami, FL 33129
PD	Victor Velazquez	8013 Old Cottage Rd	Miami, FL 33154
TD	Hortensia Velazquez	8013 Old Cottage Rd	Miami, FL 33154

100061793511
11/30/05--01040--010 **300.00

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:

[Signature] Victor Velazquez

11/28/05

305/5458302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/28/05

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

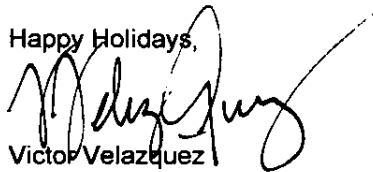
Ref: Document 327057

To Whom It May Concern:

It has just come to our attention that Patti Originals, Inc. was inactive. We found out by our bank who was renewing our line of credit and mentioned the fact. I said no there must be some mistake. We have been renewing every year since 1968. The only thing I could imagine is mail lost or misplaced and therefore without notice forgot submit renewal as always.

I have enclosed a check for \$300.00 as per your request and thank you in advance for your attention to this matter.

Happy Holidays,



Victor Velazquez
President
PATTI ORIGINALS, INC.

VV/sv

enclosure