•	PLEASE	READ A	LL INSTE	UCTION	IS BEFORE C	OMPLETIN	IG IHIS FURM.	
APPLICATION FOR			FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State			And the state of t		
REINSTATEMENT			DIVISION OF CORPORATIONS			FILED		
OOCUMENT # 576617						99 N	OV 16 PM 2: 07	
PAT'S LANDING, INC.						SECRETARY OF STATE TALLAHASSEE, FLORIDA		
PA	T'S LANDING,	INC.				TALLAHASSEE, FLORIDA		
	ice of Business		Mailing Address				·	
97 Ba alm H	yshore Drive arbor, FL 34	683	297 Bayshore Drive Palm Harbor, FL 34683				00	
	, and in more	wey line thro	unh incorrect inf	ormation and	enter correction below.	REIN	STATEMENT OF	
If above as 2 New Prin	ncipal Office Address, If Appl	icable	ough incorrect information and enter correction below.  3. New Mailing Office Address, If Applicable			4. Date incorporated or Qualified To Do Business in Florida 06/22/1978		
Suite, Apt.	, etc.		Suite, Apt. #, etc.			5. FEI Number Applied For 59-1829621 Not Applicable		
City & State			City & State		Country	<u> </u>	OF STATUS DESIRED TO S8 75. A decrease of five required to the control of the con	
Zip	Country		Zip	<u> </u>		<u> </u>	- OF BIATOS DEGITED I	
7. Names	and Street Addresses of Eac	h Officer and	or Director (Flo	ida nonprofit o	Street Address of Each	h	City / State / Zip	
Title(s)  Name of Officers and/or Directors  1 2			Officer and/or Dire 3 (Do NOT Use Post Office B			r Numbers)	4	
PTSD MISSIGMAN, DAVID			297 Bayshore Dr.				Palm Harbor, FL 34683	
					o ( <b>s</b> )	9(	100030610993 -12/06/9901019006 ****758.00 ****750.00	
	8. Name and Addre	ess of Curren	t Registered Aş	ent	Name of the		Address of New Registered Agent	
MARKS, LOUISE					MISSIGMAN , DAVID Street Address (P.O. Box Number is Not Acceptable)			
297 Bayshore Dr. Palm Harbor, FL 34683					297 Bay	Street Address (P.O. Box Number is Not Acceptable)  297 Bayshore Dr.  Suite, Apt. #, Etc.		
					City Palm H	Palm Harbor,   FL   34000		
Signatur	X-(1)				amiliar with and accept the	e obligations of Sa	Date	
11. 7	thic corporation.	AWAS TH	REGISTERED e current	veai		s No	(See other side for information on intangible tax.)	
12. I cet this owe on ti	reinstatement application, in d by the corporation have be his application is true and ac PAT'S LANDI	ector or the reservation for diservate, and my	ceiver or trustee ssolution has be ne names of indi y signature shall	empowered to en etiminated, viduals listed of have the same	execute this application the corporate name satistics form do not qualify a legal effect as if made upon the corporate of the	as provided for in a fies the requirement for an exemption or oath.	chapter 607 or 617, F.S. I further certify that when filling ints of section 607.0401 or 617.0401, F.S., that all fees under section 119.07(3)(i), F.S. The information indicated	
SIGN	ATURE. SIGNATURE	IND TYPED OR	PHINTED NAME	OF GINING OF	FICER OR DIRECTOR		727-784-0143	