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APPLICATION
FORFLORIDA DEPARTMENT OF STATE
Katherine Harrington
Secretary of State
DIVISION OF CORPORATIONS~~REINSTATEMENT~~

DOCUMENT # 855286

1. Corporation Name

PATACO TRUCKING, INC.

Principal Place of Business

2130 CORPORATION BLVD
NAPLES FL 34109
US

Mailing Address

4760 TAMiami TRAIL N.
SUITE 26
NAPLES FL 34103
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/1983

5. FEI Number

61-0988901

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	JONES, PATRICK F	5741 28TH AVE SW 5741 WESTPORT Lane	NAPLES FL 34116
V	JONES, CHRISTINE	440 BATTERSEA CT	MARCO FL 34145
SD	JONES, CHRISTINE	440 BATTERSEA CT	MARCO FL 34145
T	JONES, M. L	5741 28TH AVE SW 5741 WESTPORT Lane	NAPLES FL 34116
			100003459201--3 -11/09/00--01088--011 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

SLACK, MARK
801 ANCHOR RODE DRIVE
NAPLES FL 34103

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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.

KE

SIGNATURE:

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-00 (941) 594-8484

Date

Daytime Phone #