

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 APR 12 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F49598

1. Corporation Name

NORCROSS PATIO INC.

2. Principal Office Address

431 BUNKER RD

Suite, Apt. #, etc.

City & State

west palm beach FL.

Zip  
33405

Country  
U.S.a.

3. Mailing Office Address

431 BUNKER RD

Suite, Apt. #, etc.

City & State

west palm beach FL.

Zip  
33405

Country  
U.S.a.

REINSTATEMENT 03-06

4. Date Incorporated or Qualified  
To Do Business in Florida

10-13-81

5. FEI Number

65-0305929

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

Jeffrey Craig Albritton

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

431 Bunker Rd

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33405

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

*Jeffrey C. Albritton*

REGISTERED AGENT MUST SIGN

Date

3-22-06

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
pres.	Ann N Albritton	431 bunker rd	west palm beach FL. 33405
vice. pres.	Jeffrey C Albritton	431 bunker rd	west palm beach FL. 33405

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 contained in Chapter 119, 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:

*Jeffrey C. Albritton*  
Jeffrey Albritton

Date

3-22-06 661-832-6995

Daytime Phone #

2087

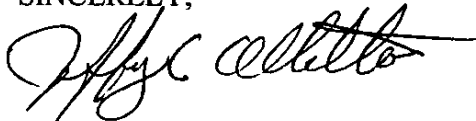
NORCROSS PATIO INC  
431 BUNKER RD  
WEST PALM BEACH, FL 33405  
561-832-6995

FLORIDA DEPARTMENT OF STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FL 32314

3/21/06

OUR BANK HAS BROUGHT IT TO OUR ATTENTION THAT OUR CORPORATION IS INACTIVE. WE WERE TOTALLY UNAWARE AS OUR ACCOUNTANT HAD ALWAYS FILED THESE FORMS FOR US AND HE HAS BEEN GONE A COUPLE OF YEARS NOW. I GUESS OUR NEW ACCOUNT WAS NOT AWARE SINCE WE HAD NOT RECEIVED ANY NOTICES. PLEASE REINSTATE OUR ACCOUNT.

SINCERELY,



JEFFREY ALBRITTON