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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 2008 JUN 23 AM 10:18

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000006212

1. Corporation Name
PATS, Inc.

2. Principal Office Address - No P.O. Box #
296 Bragdon Road
Suite, Apt. #, etc.
City & State
Suwanee, GA
Zip Country
30024 Gwinett

3. Mailing Office Address
296 Bragdon Road
Suite, Apt. #, etc.
City & State
Suwanee, GA
Zip Country
30024 Gwinett

4. Date incorporated or Qualified To Do Business in Florida Delaware

5. FEI Number 58-2272995

6. CERTIFICATE OF STATUS DESIRED ☒ 3079: Additional Fee required for a Certificate of Status.

7. Name and Address of Current Registered Agent
Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
Suite, Apt. #, Etc.
City State Zip Code
Plantation FL 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0505, F.S.
Signature of Registered Agent *Conne B...* Date 6/23/08
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
Dir	Robert W. Soukup	1955 N. Surveyor Ave.	Simi Valley, CA 93063
Dir	Eric G. Lardiere	1955 N. Surveyor Ave.	Simi Valley, CA 93063
Pres.	Richard B. Haddad	296 Bragdon Road	Suwanee, GA 30024
Treas.	Jeffrey Murphy	296 Bragdon Road	Suwanee, GA 30024
Sec.	Eric G. Lardiere	1955 N. Surveyor Ave.	Simi Valley, CA 93063

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 807 or 817, 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 807.0401 or 817.0401, 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: *Robert W. Soukup* Robert W. Soukup June 20, 2008 805-526-5700 Ext. 6629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

REINSTATEMENT
CR2E081 (12/07) 07-04

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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Florida Department of State
Division of Corporations
Public Access System

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RE-SUBMIT
Please retain original filing
date of submission 6/23

CORPORATION REINSTATEMENT

FATS, INC.

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