P/O BELL, DAVID G. 4472 STUART ANDREW BLD. 100 T/D HOLUB, TIMMY T. 4471 STUART ANDREW BLD. 100 RHARLOTTE, N.C. 28217 CHARLOTTE, N.C. 2	PIFAS	E READ ALL INST	TRUCTIONS BE	FORE C	OMPI FTII	NG THIS FO	M	1
DOCUMENT # H24928 Common Name Part Pa	APPLICATION FLORIDA FOR PRINSTATEMENT		DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State			FIL 96 NOV -4	ED	
PATIO SHACK, INC. Principal Place of Business **STEPHEN G. Mark **S			2			SECRETARY TALLAHASSEE	OF STATE	
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7 Names and Street Addresses of Each Officer and/or Directors (Florida nonprofit corporations must list at least 3 directors) 7 Names and Street Addresses of Each Officers and/or Directors 3 (Do Not Tuse Post Office Box Numbers) 8 Name of Officers and/or Directors 3 (Do Not Tuse Post Office Box Numbers) 9 Name of Officers and/or Directors 3 (Do Not Tuse Post Office Box Numbers) 10 Names of Tenanth	City & State CHARLOTTE ALC	BUD. Ap 4421 S City & State CHAR	ivact anderw b Lotte , NC			59-2463726	Not Applica	ble
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BANDY, STEPHENG 1335 W BROKON BLVD, #E BROKON FL 33511 SIGNATURE: Comparison of					अंट.			_
8. Name and Address of Current Registered Age P. Name and Address of New Registered Agent Name CT CORPDRATION SUSAN Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH PINE SILAND RD. Site 200 SOUTH PINE SILAND RD. Signature of City REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No Signature of Registron on Intangible Iax.) 12. Icertify that I am an officer or director or Improve or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this coinstatement application, the registring of integrations its dot on this form of on qualify for an exemption under section (97.0401, F.S., that all foes owed by the exposation have boop paid and the napple of integrations its dot on this form of on qualify for an exemption under section (97.0401, F.S., that all foes on this application is true and necurate, and my symptoms share have the same logal officer as if made under oath. SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE PLANT A SIGNATURE PLA				STO	•		 	
Name CT CORPORATION SUSPIN Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE (SLAND RD. Suite, Apt. F. Etc. City PLANTATION TANYA M. VILLA Registered Agent (See other side for information on intangible tax) 10 1. being appeared the registered agent of the above narped corporation, am familiar with and accept the obligations of Section 607.0505, F.S Signature of Registered Agent (See other side for information on intangible tax) 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax) 12 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 filling the sometiatement application, the region fold discussions been eliminated, the corporation name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all foes owed by the corporation have been paid and the nearly so I 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 systeture sharf have the same logal officet as if made under cath. SIGNATURE: SIGNATU	8 Name and Addr	ess of Current Registered Ac	(Part)		9. Name and A		11/1/11/11/11/11	
Signature of Registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S Signature of Registered Agent 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible lax.) 12. 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 filling this reinstalement application, the reach fold 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 examption under section 119.07(3)(1), 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: SIGN	HARDY, STEPHEN G. 1335 W. BRANDON BLVD., (Ni Si	Name CT CORPORATION SUSJEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE (SLAND RD. Suito, Apt. #, Etc.					
Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No No on Intangible lax.) 12 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 filling this reinstatement application, the reaction to 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 name 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 necurate, and my signature sharf have the same logal office as if made under eath. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OF PRINTED TABLE CANNING OFFICER OR DIRECTOR Date On Intangible lax.) On Intangible lax.) On Intangible lax.)	Signature of	will may	poration, am familiar with at	PLANT nd accept the ob	ligations of Section	on 607.0505, F.S Date _\O_{8}		_ i ·
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