

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAR 23 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PATTERSON FARMS, Inc.
H54673

2. Principal Office Address - No P.O. Box #

34202 S.W. 212 AVE

Suite, Apt. #, etc.

DADE COUNTY

City & State

FLA

Zip **33034**

Country **USA**

3. Mailing Office Address

P.O. Box 344021

Suite, Apt. #, etc.

City & State

FLA City FLA

Zip **33034**

Country **USA**

REINSTATEMENT 1D-11

CR2E081 (1/1/01)

4526-1985

4. Date incorporated or Qualified
To Do Business in Florida

2-17-1993

5. FEI Number

592646905

☐ 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 **William F. Patterson, Jr**

Street Address (P.O. Box Number is Not Acceptable)
34202 S.W. 212 AVE

Suite, Apt. #, Etc.
DADE County, FLA

City
DADE COUNTY

State
FL

Zip Code
33034

500180572605
05/07/10--01034--007 **150.00

500180572605
03/23/11--01004--005 **600.00

500180572605
03/23/11--01004--006 **150.00

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

William F. Patterson Jr

Date

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
Pres.	William F. Patterson Jr	34202 SW 212 Ave	DADE County, FL 33034

10. E-mail Address: **PATTERSON FARMS, Inc P.O. Box 344021 FLA City 33034 FL**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 817.155, F.S.

SIGNATURE:

William F. Patterson Jr

- William F. Patterson Jr

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/11