

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 22 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H55201

1. Corporation Name

PAT'S RAGS TO RICHES, INC.

Principal Place of Business

Mailing Address

12577 BISCAYNE BLVD
MIAMI FL 33181
US

12577 BISCAYNE BLVD
MIAMI FL 33181
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/03/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2568513

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	FRENCH, PAT	654 NE 125TH ST.	N. MIAMI FL
S	FRENCH, DAVE	654 NE 125TH ST.	N. MIAMI FL
T	DAVIS, BEVERLY	654 NE 125TH ST.	N. MIAMI FL

200004679552--0

-11/15/01--01002--010

***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRENCH, PATRICIA
12577 BISCAYNE BLVD
N. MIAMI FL 33181

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Pat French

Date 10-18-01

REGISTERED AGENT MUST SIGN

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.

SIGNATURE:

Pat French

10-18-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10 inches
12577 BISCAYNE BLVD.
MIAMI, FL 33181

Oct. 18, 2001

208

To:
Division of Corporations for
Reinstatement:

Enclosed please find my
check for \$150⁰⁰ - I received
this new notice of dissolution -
and was very surprised - it
was never delivered to me
the 1st time - I always pay
my bill as soon as they come
in - you can see that by my
past performance - please take
into consideration these facts,
and accept my \$150⁰⁰ for the
year - I'll appreciate any
help you can give me -
Thank-you

Nat Israel

12577 Biscayne Blvd.
Miami, Fla. 33181

459-2568513