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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -6 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H69021

1. Corporation Name

PAT MASTERS, INC.

2. Principal Office Address

935 Fifth Avenue North

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Zip

34102

Country

Collier

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/31/1985

5. FEI Number

59-2570340

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

Kerry P. Masters

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

935 Fifth Avenue North

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34102

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

Kerry P. Masters

REGISTERED AGENT MUST SIGN

Date

10/1/03

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 |
|--------|--------------------------------------|---|--------------------|
| DPVTS | Kerry P. Masters | 935 Fifth Avenue North | Naples, FL 34102 |
| D | Murray Wise | 935 Fifth Avenue North | Naples, FL 34102 |
| | | | |
| | | | |
| | | | |
| | | | |

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 under section 119.07(3)(l), 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:

Kerry P. Masters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/1/03

239-450-0665

Daytime Phone #

CR2E081 (10/02)

pay 202

BRUCE D. DEE
CERTIFIED PUBLIC ACCOUNTANT

1167 THIRD STREET SOUTH, SUITE 107
NAPLES, FLORIDA 34102-7037
(239) 262-6921
FAX (239) 262-3013

MEMBER
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

September 25, 2003

Mr. Tyrone Scott
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32302-1500

Re: Pat Masters, Inc.
935 Fifth Avenue North
Naples, FL 34102
EIN: 59-2570340
Document # H69021

Dear Mr. Scott:

As per our telephone conversation today, please find enclosed the 2003 Corporation Reinstatement for Pat Masters, Inc. and a check for \$150.00 for the original filing fee.

As we discussed, the original Uniform Business Report was not received by the taxpayer and we would like to request that you please waive the late fee.

Thank you in advance for your consideration in this matter.

If you have any questions, please do not hesitate to contact me.

Sincerely,



Bruce D. Dee

BDD/cmd
Enclosures