


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

05 JUN -6 AM 9:17

DOCUMENT # H 79327

1. Corporation Name  
PATRICIA TRAPNELL INC.

2. Principal Office Address <u>TERRACE</u> <u>2484 SW BRIDGEVIEW</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>PO BOX 1087</u> Suite, Apt. #, etc.	
City & State <u>PALM CITY, FL</u>		City & State <u>PALM CITY, FL</u>	
Zip <u>34990</u>	Country <u>MARTIN</u>	Zip <u>34991</u>	Country <u>MARTIN</u>

**REINSTATEMENT** 03-05

4. Date Incorporated or Qualified To Do Business in Florida 10/4/85

5. FEI Number 59-2581039

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name PATRICIA TRAPNELL

Street Address (P.O. Box Number is Not Acceptable)  
2484 SW BRIDGEVIEW TERRACE

Suite, Apt. #, Etc.

City PALM CITY

000055828460  
FL 34990 \*\*\*450.00

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 Patricia Trapnell Crawford Date 5/31/05

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
DP	PATRICIA TRAPNELL CRAWFORD	2484 SW BRIDGEVIEW TERRACE	PALM CITY, FL 34990
VP	CLETUS A. CRAWFORD	2484 SW BRIDGEVIEW TERRACE	PALM CITY, FL 34990
VP	CLAUDETTE ROY	2308 S.E. HOLLAND ST	PORT ST LUCIE FL 34952
S	PATRICIA TRAPNELL CRAWFORD	2484 SW BRIDGEVIEW TERRACE	PALM CITY, FL 34990
T	CARDLYN D HUNT	2017 SW HUNTERS CLUB WAY	PALM CITY FL 34990

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)(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: Patricia Trapnell Crawford Date 5/31/05 772 287-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED01 (01/05)

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May 31, 2005

Department of State  
Division Of Corporations  
P.O. Box 6327  
Tallahassee, Florida

Re: Patricia Trapnell, Inc.  
FEI Number 59-2581039  
Corporation Reinstatement

Dear Sir or Madam:

Enclosed is a completed Corporation Reinstatement along with a check in the amount of \$450.00 to cover filing fee for 2003, 2004 and 2005. The Annual Report for 2003 was returned to you by the post office because our offices had moved. I ask that the Reinstatement Fee be waived, that you file this Corporation Reinstatement, and return this corporation to Active Status. I thank you for your cooperation.

Sincerely,



Patricia Trapnell Crawford  
President, Director

Patricia Trapnell Crawford  
P.O. Box 1037  
Palm City, Florida 34991  
p. 772.287.1800  
f. 772.287.1650  
PTrapnell@aol.com