

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR *96*
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 NOV 12 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K45578**

1. Corporation Name

JOHAN-PAT, INC.

Principal Place of Business

Mailing Address

C/O ROBERT J. PATERNO
801 BRICKELL AVE 14TH FLOOR
MIAMI FL 33131

C/O ROBERT J. PATERNO
801 BRICKELL AVE 14TH FLOOR
MIAMI FL 33131

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

2. New Principal Office Address, If Applicable
700 N.E. 90 Street

3. New Mailing Office Address, If Applicable
700 N.E. 90 Street

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

05-0062254

Applied For

Not Applicable

Suite B
City & State
Miami, Florida

Suite B
City & State
Miami, Florida

Zip

33138

Country

United States

Zip

33138

Country

United States

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	PATERNO, ROBERT J.	1111 90-BAYSHORE DR 7330 S.W. 116 Street	MIAMI FL Miami, FL 33156
D	DJAHANSHAH, IZAD N.	474 HUNTINGLODGE DR	MIAMI SPRINGS FL

300002008733--1
11/19/96 01159 004
***375.00 ***375.00

REINSTATEMENT / 996

A. Alan
11-12-96

8. Name and Address of Current Registered Agent

PATERNO, ROBERT J.
801 BRICKELL AVE 14TH FLOOR
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
700 N.E. 90 Street
Suite, Apt. #, Etc.
Suite B
City
Miami
State
FL
Zip Code
33138

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **Nov. 7, 1996**

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 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:

SIGNATURE AND NAME OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT J. PATERNO, President

Date

Nov. 7, 1996 305-759-2000
Daytime Phone #