

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV -4 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L97000001289

Name and Mailing Address

0000981 01 FP 0.352 **PRST T4 0 0615 33004-234245



PATCHNET, L.C.
1445 NORTHWEST 10TH STREET
DANIA FL 33004-2342

600008780606
11/04/02--01058--011 **150.00



CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

11/18/1997

Principal Place of Business

1445 NORTHWEST 10TH STREET
DANIA FL 33004

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

65-0806321

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name EVAN MARTINEZ

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

1445 NW 10 ST

City DANIA BEACH

FL

Zip Code 33004

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Date 10-31-02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MARTINEZ, EVAN E	1445 NORTHWEST 10TH STREET	DANIA FL 33004
MGRM	MARTINEZ, KAREN L	1445 NORTHWEST 10TH STREET	DANIA FL 33004

REINSTATEMENT

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date 10-31-02

Daytime Phone # 905-492-4923

Typed or printed name of signing Managing Member/Manager