

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 28 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N44378**

1. Corporation Name

John and Opal Patronis Foundation, Inc.

N44378

2. Principal Office Address

3613 Delwood Dr

3. Mailing Office Address

3613 Delwood Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

City & State

Panama City Beach, FL

Zip

Country

32408

Zip

Country

32408

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/22/91

5. FEI Number

59-3081573

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

Johnny T Patronis

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

3613 Delwood Dr

Suite, Apt. #, Etc.

City

Panama City Beach,

State

FL

Zip Code

32408

900048186973

03/11/05-01006-011 **297.50

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

Date 2/22/05

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
D	Johnny T Patronis	3613 Delwood Dr	Panama City Beach, FL 32408
D	Eric Salares	8314 PALM GARDEN BLVD 8614 N Lagoon Dr	Panama City Beach, FL 32408
D	Jimmy T Patronis	3144 Kings Dr	Panama City, FL 32405

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Johnny T Patronis

2/22/05

Date

850-234-3862

Daytime Phone #

CR2E081 (01/05)