

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -1 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000003232

1. Corporation Name

M.G. PATINO INC

REINSTATEMENT 01-04

2. Principal Office Address

18725 NW 62 AVE

3. Mailing Office Address

PO BOX 5131

Suite, Apt. #, etc.

UNIT 212

Suite, Apt. #, etc.

City & State

MIAMI

City & State

HIALEAH

Zip

33015

Country

Zip

33014

Country

**4. Date Incorporated or Qualified
To Do Business in Florida** 01/11/2000

5. FEI Number
65-0971942

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
PATINO, MARIO G

Street Address (P.O. Box Number is Not Acceptable)
18725 NW 62 AVE

Suite, Apt. #, Etc.
UNIT 212

City
MIAMI

State
FL Zip Code
33015

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 02/23/2004

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
PD	PATINO, MARIO G	18725 NW 62 AVE UNIT 212	MIAMI, FL. 33015

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

02/23/2004

Date

(786) 306-7820

Daytime Phone #