

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -7 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000016031

1. Corporation Name

Patio Palace Inc.

300041814563
10/12/04-01035-002 **300.00

2. Principal Office Address

1914 S. Suncoast Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

Same

City & State

Tallahassee FL

City & State

FL

Zip

34448

Country

citrus

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2-9-2000

5. FEI Number

59-3622515

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

Kaylynn Campbell

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

1651 N. Bath Rd

Suite, Apt. #, Etc.

City

Crystal River

State

FL

Zip Code

34429

300041814563
10/12/04-01035-003 **8.75

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

Kaylynn A Campbell
REGISTERED AGENT MUST SIGN

Date 10-7-04

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
President	Kaylynn A. Campbell	1651 N. Bath Rd	Crystal River FL 34429

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:

Kaylynn A Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-7-04 352 795-7665

Date

Daytime Phone #

CR2E081 (01/04)