

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

02 DEC 26 PM 2:39

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P0000062640**

1. Corporation Name

**PATTERSON DEVELOPMENT, INC.,**

Principal Place of Business

1021 19TH ST. SW  
 NAPLES FL 34117

Mailing Address

1021 19TH ST. SW  
 NAPLES FL 34117

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/23/2000

5. FEI Number

APPLIED FOR

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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	4 City / State / Zip
P	PATTERSON, JAY KEVIN	1021 19TH ST. SW	NAPLES FL 34117
VP	PATTERSON, RON	5051 PALMETTO WOODS CIR	NAPLES FL 34119
			<del>100009696251</del> 12/26/02--01065--001 **750.00
			<del>100009696251</del> 12/26/02--01065--001 **750.00
			<del>100009696251</del> 12/26/02--01065--001 **750.00

8. Name and Address of Current Registered Agent

STEWART, JAMES C JR.  
 STEWART & STORTER, ATTORNEYS AT LAW  
 11925 COLLIER BLVD., STE. 101  
 NAPLES FL 34116

9. Name and Address of New Registered Agent

Name  
**JAY PATTERSON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1021 19th St SW**  
 Suite, Apt. #, Etc.  
 City  
**Naples** State  
**FL** Zip Code  
**34117**

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. or 617.0505, F.S.

Signature of Registered Agent

*[Signature]* **SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date 11-20-2002

11. 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]* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-20-2002

Daytime Phone # 239-455-7273

CR2E040 (8/02)