
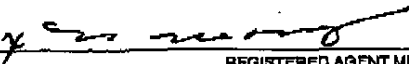



H040000796863

FILED

04 APR 15 PM 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000071856					
1. Corporation Name PAT & NOR, INC					
2. Principal Office Address 1800 S.W. 1ST Suite, Apt. #, etc. 324 City & State MIAMI FL Zip 33135			3. Mailing Office Address 856 N.W. 42 AVE Suite, Apt. #, etc. City & State MIAMI FL 33126 Zip 33126		
			4. Date Incorporated or Qualified To Do Business in Florida 7/26/2000		
			5. FEI Number 65-1028965		Applied For Not Applicable
			6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent					
Name NEYSI MORAGA					
Street Address (P.O. Box Number is Not Acceptable) 20400 WEST COUNTRY CLUB APT 619					
Suite, Apt. #, Etc.					
City AVENTURA					
State FL					
Zip Code 33180					
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 					
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	NEYSI MORAGA	20400 WEST COUNTRY CLUB APT 619		AVENTURA, FL 33180	
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)(b), 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					
Date					
Daytime Phone #					

H040000796863

PREPARED BY
NEYSI MORAGA
20400 WEST COUNTRY CLUB
AVENTURA FL 33180

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000079686 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : R & R ACCOUNTING & TAX SERVICES, INC.
Account Number : 071324000655
Phone : (305) 541-0790
Fax Number : (305) 541-4015

CORPORATION REINSTATEMENT

PAT & NOR, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,058.75

[Electronic Filing Menu](#)[Corporate Filing](#)[Public Access Help](#)