

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 16 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000109729**

1. Corporation Name

PATRICK DISTRIBUTORS, INC.,

Principal Place of Business

Mailing Address

2178 CAMPUS DR
CLEARWATER FL 33764

2178 CAMPUS DR
CLEARWATER FL 33764



03

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3685755

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DPT	PATRICK, TERRY	2178 CAMPUS DR	CLEARWATER FL 33764
DVS	PATRICK, JUDY	2178 CAMPUS DR	CLEARWATER FL 33764

300023862303
10/16/03--01084--009 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PATRICK, TERRY
2178 CAMPUS DR
CLEARWATER FL 33764

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Handwritten signature of Terry Patrick
REGISTERED AGENT MUST SIGN

Date **10/8/03**

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:

Handwritten signature of Terry Patrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/3/03**

727-
410-7139
Daytime Phone #

CR2E040 (7/03)

To Whom It May Concern: -

Patrick Distributors, Inc. is requesting a waiver for the reinstatement fee for Corporation status. Patrick Distributors Inc. did not receive the two prior UBR notices that were sent. Enclosed please accept our form and payment of \$150.00 (for filing fee) to reinstate our business to corporation status. I apologize for missing the deadline and in the future will make sure that Patrick Distributors submits all necessary documentation to you.

Sincerely,



Terry Patrick
President/Owner
Patrick Distributors, Inc.

Patrick Distributors, Inc.
2178 Campus Drive
Clearwater, Florida
33764
727-466-9378