2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000026434

1. Entity Name
PATIEK INC.

FILED
2007 APR 24 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5535 N MILITARY TR # 1805 BOCA RATON, FL 33496	5535 N MILITARY TR # 1805 BOCA RATON, FL 33496

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
16074 Rosecroft Terrace	16074 Rosecroft Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Del Ray Beach, Florida	City & State: Del Ray Beach, Florida
Zip: 33446 Country: USA	Zip: 33446 Country: USA

(M22207) REIN-P CR2E056 (1-07)

4. FEI Number: 06-1612310 — Applied For / Not Applicable

5. Certificate of Status Desired: X $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THRISTINO, JOHN R 5535 N MILITARY TR SUITE 1805 BOCA RATON, FL 33496	Name: TRISTINO, JOHN R Street Address (P.O. Box Number is Not Acceptable): 16074 ROSECROFT TERRACE City: Del Ray Beach FL Zip Code: 33446

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: John R Tristino JOHN R TRISTINO 4/23/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	P ☒ Change ☐ Addition
NAME	THRISTINO, JOHN R	NAME	TRISTINO, JOHN R
STREET ADDRESS	5535 N MILITARY, # 1805	STREET ADDRESS	16074 ROSECROFT TERRACE
CITY-ST-ZIP	BOCA RATON, FL 33496	CITY-ST-ZIP	Del Ray Beach, Florida 33446
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	B 4/27/07
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	REINSTATEMENT 06-07
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	800102645238
STREET ADDRESS		STREET ADDRESS	05/16/07--01037--018 **308.75
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John R Tristino JOHN R TRISTINO 4/23/07 (561) 665-0360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #