

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 OCT 25 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000035061

1. Corporation Name

TRACY PATE'S SUPERSTARS, INC.

Principal Place of Business

364 BURNING TREE DRIVE  
NAPLES FL 34105

Mailing Address

364 BURNING TREE DRIVE  
NAPLES FL 34105

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/06/2001

5. FEI Number

65-1091-173

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
PSTD	PATE, TRACY	364 BURNING TREE DRIVE	NAPLES FL 34105

600008599876  
10/25/02--01108--016 \*\*150.00

10/30

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

WILLIAM W. MARSLAND

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

27627 OLD 41 ROAD

Suite, Apt. #, Etc.

City

BONITA SPRINGS

State

FL

Zip Code

34135

CH2E040 (8/02)

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

*William W. Marsland*

Date

10-22-02

REGISTERED AGENT MUST SIGN

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:

*Tracy Pate*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-22-02

Daytime Phone #

To whom it may concern:

Please accept my apology for the trouble, but I never received any notification of my annual business report OR my 2nd notice in Aug. Possibly it was sent to my registered agent across the state, & I have changed agents.

Please accept this fee for re-instatement.

😊 Thank you,  
Tracy Pate's Superstars, Inc  
Tracy Pate