

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR -2 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000051523

1. Corporation Name

PATINA INVESTMENTS, INC

2. Principal Office Address - No P.O. Box #

806 NW 10TH TERR

Suite, Apt. #, etc.

City & State

FT LAUDERDALE, FL

Zip

33311

Country

USA

3. Mailing Office Address

806 NW 10TH TERR

Suite, Apt. #, etc.

City & State

FT LAUDERDALE, FL

Zip

33311

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/23/2001

5. FEI Number
65-1111646

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
RAM KISSOON

Street Address (P.O. Box Number is Not Acceptable)
806 NW 10TH TERR

Suite, Apt. #, Etc.

City
FORT LAUDERDALE

State Zip Code
FL 33311

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Ram Kisson

REGISTERED AGENT MUST SIGN

Date FEBRUARY 26TH, 2009

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
DPST	KISSOON RAM	806 NW 10TH TERR	FORT LAUDERDALE FL 33311

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 contained in Chapter 119, 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:

Ram Kisson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/2009

Date

954 931-1957

Daytime Phone #

3/2a