

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P01000052770**

1. Corporation Name

**Patterson Professional Corp.**

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

**269 NW 7 St**

Suite, Apt. #, etc.

**apt 117**

City & State

**Miami, F**

Zip

**33136**

Country

**USA**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 10**

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/26/01**

5. FEI Number

**P01000052770**

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

**Enrique Patterson**

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

**269 NW 7 St**

Suite, Apt. #, Etc

**117**

City

**Miami**

State

**FL**

Zip Code

**33136**

**500187919755**

**11/18/10--01033--008 \*\*750.00**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **11-7-2011**

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
P	Enrique Patterson	269 NW 7 St apt 117	Miami FL 33136

10. E-mail Address: **Kimbundu2000@yahoo.com**

(To be used for future annual report notification)

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. I further certify, 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]*

SIGNATURE AND TRUE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11-05-2010**

Date

**205-776-9948**

Daytime Phone #

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PATTERSON PROFESSIONAL CORP.
2. The principal office address: 269 NW 7 Street #117  
MIAMI FL. 33136
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/26/01 Document number: P01000052770
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

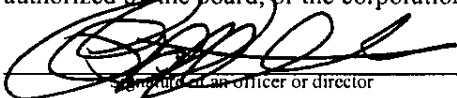
GUSTAVO ROCHA  
7861 W 8<sup>th</sup> AVE  
HALEAH FL 33014

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ENRIQUE PATTERSON  
269 NW 7 Street #117  
P.O. Box NOT acceptable  
MIAMI FLORIDA 33136

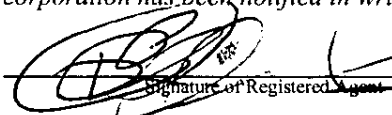
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

ENRIQUE PATTERSON/P.  
\_\_\_\_\_  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

09-23-2001  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

ENRIQUE PATTERSON  
\_\_\_\_\_  
Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314