

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 13 PM 2:23

DOCUMENT # 01000090759

1. Corporation Name P.A.T. Hotel & Travel Consultants Inc.

2. Principal Office Address

5301 NW 36 St

Suite, Apt. #, etc.

Lobby

City & State

Miami Springs, FL

Zip

33166

Country

USA

3. Mailing Office Address

9800 Collins Av

Suite, Apt. #, etc.

306

City & State

Bal Harbor FL

Zip

33154

Country

USA

300018830863

05/13/03--01023--006 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

9/14/2001

5. FEI Number

X 65-11399-75

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Patricia L. Gonzales

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

9800 Collins Av

Suite, Apt. #, Etc.

Apt 205

City

Miami Beach

State

FL

Zip Code

33154

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 5/2/03

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
Director	Patricia Gonzales	9800 Collins Av #306	Bal Harbour, FL 33154

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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/2/03

Daytime Phone #

CR2E081 (10/02)



P.A.T. HOTEL & TRAVEL CONSULTANTS

2/2

April 14, 2003

To whom it may concern

FLORIDA DEPARTMENT OF STATE

Corporation Reinstatement Division

P.O. Box 6327

Tallahassee, Florida 32314

Re: Corporation No. P01000090759

Dear Sirs:

As per my conversation with Mrs. Marqueta of your office and following her instructions, attached please find a check in the amount of \$300 which will cover year 2000 and 2003 renewals for my corporation.

As I explained to her we have never received the form for 2002 furthermore we were not informed or were not aware of the renewal.

We are conducting our business accordingly, building up our reputation in the trade and of course we need to continue with the name and corporation in order.

Once again thank you for your kind cooperation and understanding.

Sincerely,


Patricia Gonzales
Director