

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 14 PM 3:06

DOCUMENT # 901000098341

1. Corporation Name

LONNIE E. PATTERSON BUILDERS INC.

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

209 HWY 27 SOUTH

Suite, Apt. #, etc.

3. Mailing Office Address

209 HWY SOUTH

Suite, Apt. #, etc.

City & State

TYLERTOWN, MS.

City & State

TYLERTOWN, MS.

Zip

39667

Country

Zip

39667

Country

4. Date Incorporated or Qualified
To Do Business in Florida: 11/10/80

5. FEI Number
59-3747520

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

LONNIE E. PATTERSON

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

15738 VILLA DRIVE

Suite, Apt. #, Etc.

City

HUDSON

State

FL

Zip Code

34667

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3-28-08

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	LONNIE E. PATTERSON	S/A <u>209 Hwy 27 South</u>	S/A
V	JOYCE A. PATTERSON	209 HWY 27 SOUTH	TYLERTOWN MS. 39667

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:

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

4/11/08
Date

9855/5-9555
Daytime Phone #