


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P02000023952

1. Corporation Name

PAT II, INC.

Principal Place of Business

Mailing Address

32576 GREENWOOD LOOP
ZEPHYRHILLS FL 33544

32576 GREENWOOD LOOP
ZEPHYRHILLS FL 33544

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

2. New Principal Office Address, If Applicable

1822 BRUCE B. DOWNS BLVD.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1822 BRUCE B. DOWNS BLVD.

Suite, Apt. #, etc.

City & State

WESLEY CHAPEL, FL

Zip 33543

Country

USA

City & State

WESLEY CHAPEL, FL

Zip 33543

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/05/2002

5. FEI Number

04-3611443

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	PEREZ, PATRICIA A	32576 GREENWOOD LOOP	ZEPHYRHILLS FL 33544
VTD	PEREZ, DAVID F	32576 GREENWOOD LOOP	ZEPHYRHILLS FL 33544

REINSTATEMENT

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

DAVID F. PEREZ

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

32576 GREENWOOD LOOP

Suite, Apt. #, Etc.

City

ZEPHYRHILLS

State

FL

Zip Code

33544

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

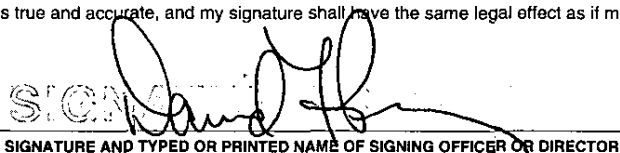

REGISTERED AGENT MUST SIGN

Date

3/6/04

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/6/04

Daytime Phone #

813-334-9573

CRF0040 (7/03)