

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 17 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000091433

1. Corporation Name

PATRICIA ELDRIDGE, INC.

Principal Place of Business

Mailing Address

1032 WENTWORTH COURT
LONGWOOD FL 32750

1032 WENTWORTH COURT
LONGWOOD FL 32750

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/22/2002	
City & State		City & State		5. FEI Number	
Zip		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVTS	ELDRIDGE, PATRICIA A	1032 WENTWORTH COURT	LONGWOOD FL 32750
D	ELDRIDGE, PATRICIA A	1032 WENTWORTH COURT	LONGWOOD FL 32750

100023908871
10/17/03--01064--019 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ELDRIDGE, PATRICIA A 1032 WENTWORTH COURT LONGWOOD FL 32750	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL
		Zip Code

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 _____ **SIGNATURE REQUIRED** _____ Date _____
REGISTERED AGENT MUST SIGN

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: *Patricia Eldridge* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03
Date

Daytime Phone #

CR2E040 (7/03)

Patrick M. Burns, CPA, PA

Accountants, Consultants, and Tax Professionals

October 10, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

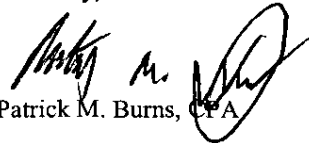
Re: Patricia Eldridge, Inc.

Dear Sir or Madam:

Please find enclosed completed Application for Reinstatement of active status for Patricia Eldridge, Inc. along with her reinstatement fee, without penalty, in the amount of \$150.00. As a new business owner, Ms. Patricia Eldridge, was not aware of her annual responsibility to complete and file, with the Division of Corporations, a Uniform Business Report. Ms. Eldridge has subsequently been advised of her reporting responsibilities and is committed to paying and filing on time. We respectfully request a one time abatement of the \$600.00 penalty for not filing her 2003 Uniform Business Report timely and the reinstatement of Patricia Eldridge, Inc to active status.

If you have any questions, please feel free to contact me directly at (407) 897-3325. Thank you for your consideration with this matter.

Sincerely,


Patrick M. Burns, CPA