

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY -6 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PD2000093661

1. Corporation Name

PATTY CAKES BOUTIQUE INC.

2. Principal Office Address

9091 N. Military Trail

Suite, Apt. #, etc.

#6

City & State

P.B.G. FL.

Zip

33410

Country

3. Mailing Office Address

9091 N. Military Trail

Suite, Apt. #, etc.

#6

City & State

P.B.G. FL.

Zip

33410

Country

000035553310  
05/06/04--01012--022 \*\*300.00

03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

8/27/02

5. FEI Number

82-0567870

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

Crystal Earley

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

1314 Stratford Street

Suite, Apt. #, Etc.

City

W.P.B.

State

FL

Zip Code

33414

REINSTATEMENT

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

Crystal Earley

REGISTERED AGENT MUST SIGN

Date

4/30/04

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	Crystal Earley	1314 Stratford Street	W.P.B., FL, 33414

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:

Crystal Earley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04 (561) 543-7354

Date

Daytime Phone #

CR2E081 (01/04)

B

To: Dept. of State Division of Corporation,

I 'am writing to ask that the reinstatement fees be waived as I did not receive last year's annual report. Corporate creations I thought did what they were suppose to do. I did not hear from them or get the report. As far as I knew everything was okay. I' am new at all this and did not know. A fellow business owner of the same type business I have, mentioned on the 29<sup>th</sup> she was going online to do hers so that night I attempted and my internet provider was down so I had to do it the next night and it would not let me do it on the internet saying I was inactive so I printed out these documents and hope this is the information needed. I will enclose a check for two years. I also put myself as the agent as I can see they don't know what they are doing. I can be reached at (561) 776-8543 or (561)543-7354.

Thank you,  
Patty Cakes Boutique Inc.

*Crystal Earley*  
Crystal Earley