

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000115178**

1. Corporation Name

PATLALO INC.

WI-29507

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

1621 Bay Rd

Suite, Apt. #, etc.

508

3. Mailing Office Address

1521 Alton Rd

Suite, Apt. #, etc.

97

City & State

Miami Bch. Fl.

City & State

Miami Bch. Fl.

Zip

33139

Country

Dade

Zip

33139

Country

Dade

7. Name and Address of Current Registered Agent

Name

Gerardo Alfredo Santander

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

1621 Bay Rd

Suite, Apt. #, Etc.

508

City

Miami Bch. Fl.

State

FL

Zip Code

33139

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 **6-16-10**

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 | Gerardo A. Santander | 1621 Bay Rd # 508 | Miami Bch. Fl. 33139 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

10. E-mail Address: **MVS43 @ AOL.COM**

(To be used for future annual report notification)

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. I further certify, 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]

Gerardo A. Santander

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-16-10

Date

Daytime Phone #

10 JUN 29 PM 4:54

400182333184
06/18/10--01033--014 **750.00
REINSTATEMENT 08-10
CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida **10-25-02**

5. FEI Number

200489591

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

400182333184
06/18/10--01033--015 **8.75

400182333184
06/28/10--01048--011 **291.25