

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 29 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700043708817

12/29/04--01056--002 **900.00

DOCUMENT # **PO2000125136**

1. Corporation Name

PATIO - BAHIA, Inc.

2. Principal Office Address

400 South Pointe Dr.

3. Mailing Office Address

**2325 NE 4th Ave 33431
BOCA RATON FL 33431**

Suite, Apt. #, etc.

1704

Suite, Apt. #, etc.

City & State

MIAMI Bch Florida

City & State

BOCA RATON FL

Zip

33139

Country

USA

Zip

33431

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

16-1630359

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

Zlatvse, Terabkova

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

400 S. Pointe DR

Suite, Apt. #, Etc.

1704

City

Miami Bch

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]

Date

12/27/04

REGISTERED AGENT MUST SIGN

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	Jeanne McCarthy	4950 SW 34th Ter	FT Land. FL 33324
S	Zlatvse, Terabkova	400 S. Pointe DR #1704	MIAMI Bch FL 33139

REINSTATEMENT

[Signature]
12/29

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/27/04 (754)

Daytime Phone #

2349455

CR2E081 (01/04)