

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000088819

1. Entity Name  
LA PATAGONIA, P.A.



Principal Place of Business Mailing Address  
6300 NORTH WICKHAM ROAD SUITE 130, PMB 174 6300 NORTH WICKHAM ROAD SUITE 130, PMB 174  
MELBOURNE, FL 32940 MELBOURNE, FL 32940

2. Principal Place of Business

3. Mailing Address

6939 N. WICKHAM RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10132006 REIN-P CR2E098 (11/05) 06

City & State

City & State

MELBOURNE

4. FEI Number

57-1184259

Applied For

Not Applicable

Zip

Country

Zip

Country

32940

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHECHTMANN, NORBERTO SIMON  
6300 NORTH WICKHAM ROAD SUITE 130  
MELBOURNE, FL 32940

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

11/8/06

DATE

FILE NOW!!! FEE IS \$750.00

After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME SCHECHTMANN, NORBERTO SIMON  
STREET ADDRESS 7775 SOUTH TROPICAL TRAIL  
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE ☐ Change ☐ Addition  
NAME 300081117493  
STREET ADDRESS 10/23/06--01042--022 \*\*750.00  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SCHECHTMANN, FE OLYMPIA  
STREET ADDRESS 7775 SOUTH TROPICAL TRAIL  
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 19, 2006

Date

321-480-3100

Daytime Phone #