

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 NOV 26 PM 2:51

CLERK OF STATE
TALLAHASSEE, FLORIDA



10302008 REIN-P CR2E098 (1/07)

| | | | | | |
|---|--|---------------------------------|--|--|--|
| DOCUMENT # P04000063536 1. Entity Name MORRIS PATE GROUP, INC. | | | | | |
| Principal Place of Business 8428 SOUTHWOOD OAKS ST LITHIA, FL 33547 | | | Mailing Address 8428 SOUTHWOOD OAKS ST LITHIA, FL 33547 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State Zip | | | City & State Zip | | |
| Country | | | Country | | |
| 4. FEI Number 20-1196003 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PATE, WILLIAM 8428 SOUTHWOOD OAKS ST LITHIA, FL 33547 | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$750.00 After January 1, 2009, Fee will be \$900.00 </div> <div style="width: 30%;"></div> <div style="width: 30%;"></div> </div> | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PATE, WILLIAM 8428 SOUTHWOOD OAKS ST LITHIA, FL 33547 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: center;"> 800138287208 11/26/08--01029--005 **750.00 </div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u>W.M. Pate</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <div style="display: flex; justify-content: space-between;"> <div> 11-25-08 <small>Date</small> </div> <div> 813-737-3871 <small>Daytime Phone #</small> </div> </div> | | |

11/26/08