

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 NOV -6 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

P05000003469

*Simon Patch & Repair Inc*

**REINSTATEMENT 07-09**  
CR2E081 (10/09)

2. Principal Office Address- No P.O. Box #  
265 NW 249TH STREET

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

01/03/2005

City & State  
NEWBERRY, FL

City & State

5. FEI Number  
20-2146182

Applied For  
 Not Applicable

Zip  
32669

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
*Willie Simon*

Street Address (P.O. Box Number is Not Acceptable)  
265 NW 249TH STREET

Suite, Apt. #, Etc.

City  
NEWBERRY

State  
FL

Zip Code  
32669



The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.

Signature of Registered Agent *Willie Simon*

REGISTERED AGENT MUST SIGN

Date 11/05/2009

**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
DIR	WILLIE L. SIMON	265 NW 249TH STREET	NEWBERRY, FL 32669
DIR	BRENDA L. SIMON	265 NW 249TH STREET	NEWBERRY, FL 32669

*11/6*

500162576155  
11/06/09--01008--025 \*\*450.00

10. E-mail Address: SIMON\_PATCH\_REPAIR@YAHOO.COM

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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:

*Willie L. Simon Brenda L. Simon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/05/2009 352-256-0383

Date Daytime Phone#