

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 FEB 29 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600119937596
03/11/08--01012--014 **458.75
CR2E081 (12/07)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000131386

1. Corporation Name

PATE ENTERPRISE OF JACKSONVILLE

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

6501 ARLINGTON EXPRESSWAY

3. Mailing Office Address

6501 ARLINGTON EXPRESSWAY

Suite, Apt. #, etc.

SUITE B - #158

Suite, Apt. #, etc.

SUITE B - #158

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32211

Country

U.S.

Zip

32211

Country

FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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

DONALD JONES

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

6501 ARLINGTON EXPRESSWAY

Suite, Apt. #, Etc.

SUITE B #158

City

JACKSONVILLE

State

FL

Zip Code

32211

☒ 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 617.0503, F.S.

Signature of

Registered Agent

[Signature]

Date 2-29-08

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
CEO	SHEORIAN KEARSE	6501 ARLINGTON EXPRESSWAY SUITE B #101	JACKSONVILLE, FL 32211

REINSTATEMENT

06-08

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 contained in Chapter 119, 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

2-29-08

Date

904-710-7328

Daytime Phone #