

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000148123

1. Entity Name
PATSIOS, INC.



FILED

08 DEC -3 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
246 S BEACH ST
DAYTONA BEACH, FL 32114

Mailing Address
246 S BEACH ST
DAYTONA BEACH, FL 32114

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
1690 DUNLAWTON AVE #

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#130

City & State

City & State
PORT ORANGE FL

Zip

Country

Zip
32127

Country

4. FEI Number
20-5972084

Applied For
Not Applicable

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

BRIAN R. TOUNG, P.A.
213 SILVER BEACH AVE
DAYTONA BEACH, FL 32118

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)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LUTZ, KENDALL
1690 DUNLAWTON AVE
PORT ORANGE, FL 32119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700138411047
12/03/08--01036--004 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-08

847-980-8987

REINSTATEMENT 08

2012/3