

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000000926

1. Corporation Name

PAT & PAT ENTERPRISES, INC.

Principal Place of Business

2490 MADRID WAY SO.
ST PETERSBURG FL 33712

Mailing Address

2490 MADRID WAY SO.
ST PETERSBURG FL 33712

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/1992

5. FEI Number

59-3192081

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

1

Name of Officers
and/or Directors

2

Street Address of Each
Officer and/or Director

3

City / State / Zip

4

STD

TERRELL, PATRICIA D

2490 MADRID WAY S

ST PETERSBURG FL 33712

8. Name and Address of Current Registered Agent

TERRELL, PATRICIA

2490 MADRID WAY SOUTH

ST. PETERSBURG FL 33712

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Patricia Terrell
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/22/02

11. 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 under section 119.07(3)(i), 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:

Patricia Terrell
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/22/02 Daytime Phone #

CR2E040 (8/02)

20f2

PrP Enterprises

2490 Madrid Way So.

St. PETERSBURG 33712

727 8675490

10/22/02

Annual Report / Reinstatement
Division of Corporations

PO Box 6327

Tallahassee FL 32314-6327

Please be advised I have not received
the Annual report for my filing my incorporation
fee.

Please find enclosed the Reinstatement notice
and my filing fee of 150.00.

Thank you,

Patricia Senell