

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 FEB 14 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000015678**

1. Corporation Name

PAT'S POST FRAME, INC.

Principal Place of Business

5780 ARAGON AVE.
DELEON SPRINGS FL 32130
US

Mailing Address

5780 ARAGON AVE.
DELEON SPRINGS FL 32130
US

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

128 Silver Beach Blvd.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 143

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/1994

5. FEI Number

59-3223472

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status.

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	RYAN, PATRICK T	P.O. BOX 143	LAKE COMO FL
D	GOODIN, WES	5780 ARAGON AVE.	DELEON SPRINGS FL
D	SHRIVER, GARY	125 DAWSON BROWN RD.	DELEON SPRINGS FL
VP	JOHNSON, DAVIS	201 S. WADE AVE.	DELAND, FL. 32724

REINSTATEMENT

75-96
Ch. Allen
2/14/97

8. Name and Address of Current Registered Agent

GOODIN, WES
5780 ARAGON AVE.
DELEON SPRINGS FL 32130

9. Name and Address of New Registered Agent

Name
Patrick T. Ryan
Street Address (P.O. Box Number is Not Acceptable)
128 Silver Beach Blvd.
Suite, Apt. #, Etc.
City
Lake Como State **FL** Zip Code **32157**

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.

Signature of
Registered Agent

[Signature]

Date **2/8/97**

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]* Patrick T. Ryan, President

(904) 649-9525