

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

98 DEC 22 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

**APPLICATION
FOR
REINSTATEMENT**

DOCUMENT # 294000030706

1. Corporation Name

PASTICHE, INC

1128000027407

Principal Place of Business

Mailing Address

265 A Azalea
Destin FL
32541

P.O. Box 5767
Destin FL
32541

REINSTATEMENT 98-98

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

* Exp 1996

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

April 8, 1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

* 59-3239388

Not Applicable

Zip

Country

Zip

Country

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
P	JOAN E. Hoffman-Ussery	10859 EMERALD COAST PKWY W #4-403 DESTIN FL	DESTIN FL 32541
S	DAVID D Ussery	10859 EMERALD COAST PKWY W #4-403	DESTIN FL 32541
			600002725386-9 -12/29/98--01080--026 ***1050.00 ***1050.00
			1/12/28

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOAN E Hoffman-Ussery
10859 EMERALD COAST PKWY W
#4-403
DESTIN FL 32541

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.

Signature of Registered Agent Joan E. Hoffman-Ussery
REGISTERED AGENT MUST SIGN

Date 11/30/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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)(f), 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: Joan E. Hoffman-Ussery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/98 850-650-0299
Date Daytime Phone #

CR2040 (1/98)