


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Katharine B. Hall
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 094000054524

1. Corporation Name
PATRICIA STEPHENS INC.

2. Principal Office Address
701 Holly Lane
Suite, Apt. #, etc.

3. Mailing Office Address
Suite, Apt. #, etc.

City & State
BOCA RATON FLORIDA

Zip 33486 **Country** USA

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida 7/22/94

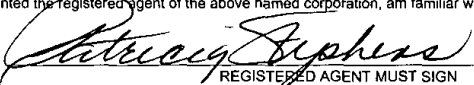
5. FEI Number 650512958 **Applied For** ☐ **Not Applicable** ☒

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name PATRICIA STEPHENS **600004596816-5**
Street Address (P.O. Box Number is Not Acceptable) 701 Holly Lane
Suite, Apt. #, Etc. LS
City BOCA RATON **State** FL **Zip Code** 33486

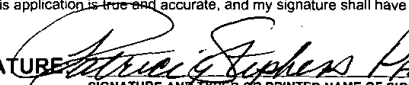
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  **Date** 8-20-01
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
PRES.	PATRICIA STEPHENS	701 Holly Lane	BOCA RATON, FL 33486
V.PRES.	FRANCIS FRANKO	701 Holly Lane	BOCA RATON, FL 33486

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 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 STEPHENS** **8-20-01** **56-416-2053**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

PATRICIA STEPHENS INC.

701 HOLLY LANE
BOCA RATON, FLORIDA 33486
USA

Phone 561-367-1760
Fax 561-367-1759

August 20, 2001

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

TO WHOM IT MAY CONCERN,,

RECENTLY, I FOUND OUT MY CORPORATION HAD NOT BEEN RENEWED. AFTER MANY CALLS, I WAS TOLD THE FORM WAS RETURNED TO YOUR OFFICE AND NEVER DELIVERED. AT THAT TIME I WAS MOVING MY OFFICE TO A NEW LOCATION AND SOMEHOW THE FORM WAS NOT FORWARDED. BECAUSE IT WAS SUCH A BUSY TIME, I DID NOT NOTICE I HAD NOT RECIEVED IT.

I WAS ADVISED TO WRITE THIS LETTER WITH THE FORM COMPLETED AND ASK FOR A WAIVE OF THE REINSTATEMNET FEE BECAUSE I HAD NOT RECIEVED THE FORM.

ENCLOSED IS A COPY OF THE FORM AND I HOPE THIS IS THE CORRECT FORM TO HAVE THE CORPORATION REINSTATED.

PLEASE ADVISE ME OF WHAT NEEDS TO BE DONE AND THE FEE IF ANY TO CORRECT THIS SITUATION IMMEDIATELY.

THANK-YOU,

SINCERELY,


(PATRICIA STEPHENS
PRESIDENT