

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

96 DEC -9 AM 10: 01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000054750**

1. Corporation Name

**PATTI'S CLOSET, INC.**

Principal Place of Business

Mailing Address

3859 S E LAKE WEIR AVE  
SUITE 1604  
OCALA FL 34460  
US

1701 S. E 24TH ROAD  
SUITE 1604  
OCALA FL 34471

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



**REINSTATEMENT**

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/21/1994	
City & State		City & State		5. FEI Number	
Zip		Country		59-3259397	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	BROKER, PATRICIA R	1701 S. E 24TH ROAD, SUITE 1604	OCALA FL
VP	PRICE, HELEN I	350 E JACKSON ST	ORLANDO FL
VP	PRICE, NATHAN S	279 KERRY CT	ALTAMONTE SPRINGS FL
			800002026218--6
			12/11/96-01068-007
			****375.00 ****375.00
			12-9-96

8. Name and Address of Current Registered Agent		9. Name and Address of Now Registered Agent	
BROKER, PATRICIA R 1701 S. E. 24TH ROAD SUITE 1604 OCALA FL 34471		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
		FL	

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

*Patricia R. Broker*  
**REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 12/7/96

11. 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.)

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)(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 R. Broker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/7/96 (904) 732-0904  
Date Daytime Phone #