

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 24 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1999-2003
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DOCUMENT # P94000082152

1. Corporation Name

patron of the Arts, INC.

2. Principal Office Address

1519 TALLYWOOD DR.

Suite, Apt. #, etc.

3. Mailing Office Address

1519 TALLYWOOD DRIVE

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34237

Country

USA

Zip

34237

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

OCT. 1, 1999

5. FEI Number

65-0541727

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MICHAEL G. RANKIN

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

1519 TALLYWOOD DRIVE

Suite, Apt. #, Etc.

City

SARASOTA

State
FL

Zip Code

34237

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

MICHAEL G. RANKIN

REGISTERED AGENT MUST SIGN

Date 3/25/03

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.	MICHAEL G. RANKIN	1519 TALLYWOOD DRIVE	SARASOTA, FL. 34237

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:

MICHAEL G. RANKIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/03

Date

941 330-9222

Daytime Phone #

CR2001 (9/02)

85

20fz

Michael G. Rankin
3033 Willow Green
Sarasota, FL 34235

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

February 7, 2003

Gentlemen,

My Accountant has recently advised that I must file for Reinstatement of my Corporation with the State of Florida. Please accept this letter as my request for a Waiver of Fees due to non-receipt of notices.

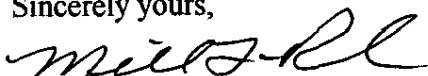
During the past four (4) years I have suffered a series of personal and business setbacks, including failing health, the loss of my Mother, personal Bankruptcy and the loss of my home. Since 1998 I have changed my place of residence six (6) times, often relying on the generosity of friends for a place to live. Although I did receive some of my personal mail, with so many moves much if not all of my corporate mail failed to reach me. During this difficult time the Corporation remained virtually fallow and I did not receive, nor did I file any annual corporate reports.

I have been working very hard to get back on my feet, and have taken a full time, commission only, sales job in order to support myself and get out of debt. Through perseverance, long hours and hard work, I am now proud to say that I am ready to resume my life's dream of success through my home-based business, Patron of the Arts, Inc.

Enclosed is a completed copy of my application for Corporate Reinstatement, along with my check in the amount of \$150, which I pray you will accept, for filing fees.

Thank you for your every consideration.

Sincerely yours,



Michael G. Rankin