

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # Aunt Pittie Pats Attic Inc

1. Corporation Name

PG5000017686

FILED
 99 JUN 18 PM 12:52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 20 N Johnson St
 Hawthorne FL 32640

Mailing Address
 Po Box 2259
 Hawthorne FL 32640

REINSTATEMENT 98-99

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida March 1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59 3309635	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/T	Patricia D.S. Fields	20 N Johnson St	Hawthorne FL 32640
V/S	William C Fields	20 N Johnson St	Hawthorne FL 32640

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 -06/29/99-01068-004
 *****900.00 *****300.00
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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name William C. Fields	
		Street Address (P.O. Box Number is Not Acceptable) 20 N Johnson St	
		Suite, Apt. #, Etc.	
		City Hawthorne FL	State FL Zip Code 32640

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]* REGISTERED AGENT MUST SIGN Date: 5-24-99

11. This corporation owes 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)(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: *[Signature]* W.C. Fields 5-24-99 352 481 3425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E081 (12/98)