PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P95000043108

1. Corporation Name
PATREN INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
4251 WILLOW BAY DR. WINTER GARDEN, FL 34787	P.O. BOX 1209 WINDERMERE, FL 34786

500002885595--0
-05/25/99--01050--002
****300.00 ****300.00

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
782 WEST MONTROSE ST.	782 WEST MONTROSE ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLERMONT, FL	City & State: CLERMONT, FL
Zip: 34711 Country: USA	Zip: 34711 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 05-26-95

5. FEI Number: 59-3316290 (Applied For / Not Applicable)

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	WILLIAM McEWEN	9128 MOSSY OAK LANE	CLERMONT,FL 34711
D	TERRY McEWEN	17200 VILLA CITY ROAD	GROVELAND, FL 34736
VM	CHARLES GILLEN	2415 CHINOOK TR.	MAITLAND, FL 32751

8. Name and Address of Current Registered Agent

TOD HOFFMAN
4251 WILLOW BAY DRIVE
WINTER GARDEN, FL 34787

9. Name and Address of New Registered Agent

Name: WILLIAM C. McEWEN, JR.
Street Address (P.O. Box Numbers Not Acceptable): 782 WEST MONTROSE STREET
Suite, Apt. #, ETC.
City: CLERMONT
State: FL Zip Code: 34711

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] Date: 4-29-99

REGISTERED AGENT MUST SIGN.

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [ ]

[signature] (See other side for information concerning this box.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the corporation 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 is available for reinstatement (Section 607.0401 or 617.0401, F.S.), and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate and may subject me to penalties which have the same legal effect as if made under oath.

SIGNATURE: [signature] WILLIAM McEWEN Date: 4-28-99 (352)242-2335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E043 (12/96)

David M. Scheinman, C.P.A., P.A.
Certified Public Accountants

April 28, 1999

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

Re: Application of Reinstatement for Patren.

Sir or Madam:

Enclosed is a check for $300.00. Per our telephone conversation with your office, the $600 penalty is being waived since the registered agent for this entity resigned, and the officers never received a copy of the annual report to submit on a timely basis for last year. We appreciate your courtesy with regard to this matter. If you have any additional questions, please feel free to contact our office at (305) 596-0805.

Sincerely,

David M. Scheinman, C.P.A.

DMS/ddc
Encl.

10691 North Kendall Drive • Suite 210 • Miami, Florida 33176 • (305) 596-0805 • FAX: (305) 595-4455