

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

APPROVED
AND
FILED

98 DEC -7 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000012318

1. Corporation Name

PAPIN, INC.

Principal Place of Business

Mailing Address

1319 SAXON DROVE
NEW SMYRNA BEACH FL 32169

1319 SAXON DROVE
NEW SMYRNA BEACH FL 32169



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

02/01/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3362853

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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
D	PAPIN, JOSEPH E III	103 BIRKWOOD CT.	DEBARY FL 32713

600002706996--6
-12/08/98--01032--023
***150.00 ***150.00

pe 12/17

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PAPIN, JOSEPH E III
1319 SAXON DRIVE
NEW SMYRNA BEACH FL 32169

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Joe Papin, President
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12-05-98

11. This corporation owes or has paid 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:

Joe Papin, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-05-98 (904) 428-3838
Date Daytime Phone #

CR2E040 (8/95)

Joe Papin, owner
103 Birkwood Ct.
DeBary, FL 32713

November 18, 1998

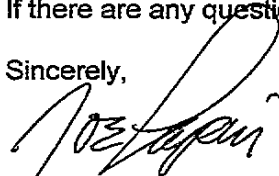
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear sir:

On November 18, 1998 I phoned your office and spoke with a corporate dissolution representative. I explained to her that in April of 1998 I sent in my annual report fees of \$150.00 each for my two companies: Papin, Inc. and Papin Enterprises. After receiving the Notice of Administrative Dissolution or Revocation, it came to my attention that the checks were never cashed and, I assume, were probably lost in the mail. Please accept my apologies and two new checks for \$150 each which is what your representative instructed me to do.

If there are any questions, please contact me at (407) 668-1585. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Joe Papin", written over a horizontal line.

Joe Papin