

192  
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUN 21 AM 8:00

DOCUMENT # P96000016108

1. Corporation Name  
PASTIS, INC.

1725 S. FEDERAL HIGHWAY  
1725 S. FEDERAL HIGHWAY

2. Principal Office Address  
1725 S. FEDERAL HIGHWAY

3. Mailing Office Address  
1725 S. FEDERAL HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
DELRAY BEACH, FL

City & State  
DELRAY BEACH, FL

Zip  
33483

Country  
PALM BEACH

Zip  
33483

Country  
PALM BEACH

**REINSTATEMENT** 03-04

5/4/04 90192 029 \* 150.00

10/10/03 01088 006 \* 150.00

4. Date Incorporated or Qualified  
To Do Business in Florida 02/19/96

5. FEI Number  
65-0646254

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
CHRISTINE M. OHLIN, CPA

Street Address (P.O. Box Number is Not Acceptable)  
440 E. SAMPLE ROAD

Suite, Apt. #, Etc.  
SUITE 202

City  
POMPANO BEACH

State  
FL

Zip Code  
33064

MRS

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

*Christine M Ohlin*

Date 6-15-04

REGISTERED AGENT MUST SIGN

**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
D	RALPH COHEN	1725 S. FEDERAL HIGHWAY	DELRAY BEACH, FL 33483
D	CHRISTIAN GAVINO	1725 S. FEDERAL HIGHWAY	DELRAY BEACH, FL 33483

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:

*Christian Gavino*

CHRISTIAN GAVINO

6/17/04 (561) 2650061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E061 (01/04)

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June 3, 2004

Pastis, Inc.  
1725 S. Federal Highway  
~~Delray Beach, Florida 33483-3308~~

Uniform Business Report  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Document #P96000016108

To Whom It May Concern:

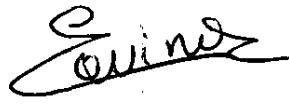
We have received your correspondence dated May 24, 2004 which states that the above corporation has been dissolved for failure to file the 2003 corporate annual report. This form was not filed timely because it was never received. We did not intentionally fail to file this form and pay the fee.

As instructed in your letter we are enclosing a Corporation Reinstatement form for the above corporation. We respectfully ask that the \$600.00 reinstatement fee be waived based on the fact that the 2003 was never received and apply the \$300.00 already paid towards 2003 and 2004.

Thank you in advance for your cooperation.

Sincerely,

Christian Gavino  
President

 6/18/04