

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 # <u>P91000052324</u>			
1. Corporation Name Patazio & Patazio, Inc.			
Principal Place of Business 11160 Cloverhill Circle West Jacksonville, Florida 32257		Mailing Address Same	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable <u>N/A</u>		3. New Mailing Office Address, If Applicable <u>N/A</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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
President Director	Paula Patazio	11160 Cloverhill Circle West	Jacksonville, FL 32257
Secretary/ Treasurer Director	Patricia Patazio	11160 Cloverhill Circle West	Jacksonville, FL 32257
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Amerilawyer Chartered 343 Almeria Avenue Coral Gables, FL 33134		Name <u>Sally J. Kircher</u> Kircher & Vail, P.A. Street Address (P.O. Box Number is Not Acceptable) One Independent Drive Suite, Apt. #, Etc. Suite 3303 City <u>Jacksonville</u> State <u>FL</u> Zip Code <u>32202</u>	
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 <u>Sally J. Kircher</u>	Date <u>11/5/98</u>		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <u>Patricia Patazio</u>		Date <u>11/5/98</u> Daytime Phone # <u>463-3985</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Patricia Patazio</u>			

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97-98

4. Date Incorporated or Qualified To Do Business in Florida	<u>6/19/1996</u>
5. FEI Number	<u>59-3386166</u>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

CR-1011-104-212