


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 96000072294 | | | |
| 1. Corporation Name PAT & LINA INC. 222 N. HWY 17-92 Longwood, FL 32750 | | | |
| 2. Principal Office Address 9008 LAKE COVENTRY CT Suite, Apt. #, etc. City & State Gotha, FL Zip 34734 | | 3. Mailing Office Address 222 N. HWY 17-92 Suite, Apt. #, etc. City & State Longwood, FL Zip 32750 | |

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-12/05/01--01033--006
****150.00 ****150.00

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|---|--------------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida 08-30-1994 | |
| 5. FEI Number 59-3397499 | Applied For Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

| | |
|---|-------------------|
| 7. Name and Address of Current Registered Agent | |
| Name RAMON SANCHEZ | |
| Street Address (P.O. Box Number is Not Acceptable) 9008 LAKE COVENTRY CT | |
| Suite, Apt. #, Etc. | |
| City Gotha | State FL |
| | Zip Code 34734 |

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 X Ramon Sanchez Date 11-7-01
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 | RAMON SANCHEZ | 9008 LAKE COVENTRY CT | Gotha, FL 34734 |
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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: X Ramon Sanchez 11. 7. 01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Florida Department of State.
Tallahassee, Florida.

Enclosed is our check 14233 for \$ 150.00 for the Uniform Business Report 2001. We apologize for the lateness of this payment but we change address and do no receipt The Uniform Business Report 2001 and hope you will accept our apology in this matter.

Ramon Sanchez