

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # 00000000000000000000

1. Corporation Name

PATRICK WAYNE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1450 N. COURTESY PKWY, STE 11
MEERST ISLAND, FL
32953

JAME

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

JAN 7, 1997

5. FEI Number

59-3422890

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)

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
<u>P</u>	<u>Michael P. LeBague</u>	<u>445 Bella Capa Dr.</u>	<u>Meerst Island, FL, 32952</u>
<u>T</u>	<u>Dan Kach</u>	<u>285 Eyre Ave.</u>	<u>Meerst Island, FL, 32953</u>

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-01/12/99-01132-024
******900.00 ****900.00**

8. Name and Address of Current Registered Agent

Eric Wayne Van Orner
7035 Glenhaven Ave.
Port. St. John, FL
32927

9. Name and Address of New Registered Agent

Name
Michael LeBague
Street Address (P.O. Box Number is Not Acceptable)
445 Bella Capa Dr.
Suite, Apt. #, Etc.
City
Meerst Island
State
FL
Zip Code
32952

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

Michael P. LeBague

REGISTERED AGENT MUST SIGN

Date

4/1/99

11. This corporation owes 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)(b), 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:

Michael P. LeBague
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99
Date

407-634-9842
Daytime Phone #

CH2001 (12-98)