

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
REINSTATEMENT



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

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

DOCUMENT # P97000006410

1. Corporation Name

PAPIN ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1319 SAXON DRIVE  
NEW SMYRNA BEACH FL 32169

1319 SAXON DRIVE  
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/13/1997

5. FEI Number

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

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

12-5-98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-05-98 (904) 418-3838

CR2000 (9/98)

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

November 18, 1998

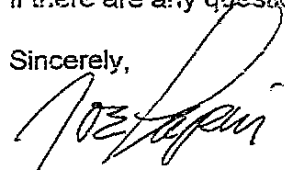
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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 the word "Sincerely,".

Joe Papin