

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JAN -8 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PA70000006410

1. Corporation Name

Papin Enterprises, Inc.

2. Principal Office Address

Suite, Apt. #, etc.

1922 S.R. 44

City & State

New Smyrna Beach

Zip

32718

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

P.O. Box 1053

City & State

DeBary, FL

Zip

32713

Country

Volusia

4. Date Incorporated or Qualified  
To Do Business in Florida

02-27-97

5. FEI Number

59-3424298

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

Joe Papin

Street Address (P.O. Box Number is Not Acceptable)

103 Birkwood Court

Suite, Apt. #, Etc.

City

DeBary

State

FL

Zip Code

32713

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

Joseph E. Papin

REGISTERED AGENT MUST SIGN

Date 01-03-00

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
pres.	Joe Papin	103 Birkwood Ct. <del>DeBary, FL 32713</del>	DeBary, FL, 32713
			LS

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:

Joseph E. Papin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-03-00

Date

Daytime Phone #

CR2E081 (9/99)

20/2

Joseph E. Papin  
P.O. Box 1053  
DeBary, FL 32713

January 3, 2001

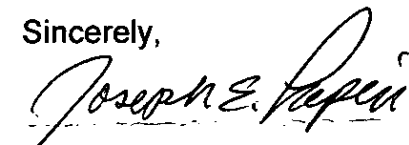
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear sir:

There was a mistake made regarding my mailing address which is P.O. Box 1053, DeBary, FL 32713 not P.O. Box 1053 New Smyrna Beach FL 32713. As such, I never received the proper forms to fill out because these forms were sent to an undeliverable address. Had the forms arrived, I would have filled them out, and sent in the \$150.00 as I have done now.

I have corrected this address error and ask that I be reinstated without the reinstatement penalty. I have enclosed the Corporate Reinstatement form and a check for \$150.00. If there are any questions or further concerns please contact me at the above phone number or address.

Sincerely,

  
Joseph E. Papin