

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC -5 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000013464

1. Corporation Name

PATRICE CHAFFAUT DESIGN, INC.

Principal Place of Business

WEST
310 LAKE SUE AVE
WINTER PARK FL 32789

Mailing Address

PO BOX 1389
WINTER PARK FL 32790

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/10/1997	
City & State		City & State		5. FEI Number	
Zip		Country		NOT APPLICABLE	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PVPS	CHAFFAUT, PATRICE L	14155 LORD BARCLAY DR	ORLANDO FL 32837
T	CHAFFAUT, PATRICE L	14155 LORD BARCLAY DR	ORLANDO FL 32837

8. Name and Address of Current Registered Agent

CHAFFAUT, PATRICE L
14155 LORD BARCLAY DR
ORLANDO FL 32837

9. Name and Address of New Registered Agent

Name
CHAFFAUT PATRICE L
Street Address (P.O. Box Number is Not Acceptable)
310 W. LAKE SUE AVENUE
Suite, Apt. #, Etc.
City
WINTER PARK
State
FL
Zip Code
32789

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/6/00

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/00
Date

14076221561
Daytime Phone #