

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB -8 AM 11:36

DOCUMENT # **P97000046644**

1. Corporation Name

**PATIENCE, INC.**

Principal Place of Business

**2835 B Springdale Rd.  
1220 STONESHIRE CT  
LAWRENCEVILLE GA 30043  
US**

Mailing Address

**RT 1 BOX 942  
TALLAHASSEE FL 32312**



REINSTATEMENT 00-02

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

**05/27/1997**

Suite, Apt. #, etc.

**2835 B Springdale Rd.  
City & State  
SNELLVILLE, Georgia**

Suite, Apt. #, etc.

City & State

Zip  
**30039**

Country  
**US**

Zip

Country

5. FEI Number

**58-2316457**

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BROWN, SAM S JR.	<del>1220 STONESHIRE CT</del> <b>2835 B Springdale Rd.</b>	<del>LAWRENCEVILLE GA 30043</del> <b>SNELLVILLE, Ga 30039</b>
<del>ST</del>	<del>BACHMAN, VANESSA J</del>	<del>2811 SAM NELSON RD</del>	<del>CANTON GA 30114</del>
<del>AST</del> <b>ST</b>	BROWN, JUDY A	<del>1220 STONESHIRE COURT</del> <b>3033 Destin Cir.</b>	<del>LAWRENCEVILLE GA 30043</del> <b>SNELLVILLE, Ga 30078</b>
			<b>4000004932044--9</b>
			<b>-02/18/02--01005--014</b>
			<b>***1050.00 ***1050.00</b>
			<b>2/12</b>

8. Name and Address of Current Registered Agent

**HORNE, MALLORY E**

~~RT 1 BOX 942~~ **12487 Meridian**  
**TALLAHASSEE FL 32312**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

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 **10-19-00**

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

**SAM S. BROWN, JR.**

Date

**(404) 312-5076**

Daytime Phone #

**2/14/02**