

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 27 PM 2:20

DOCUMENT # **P97000063615**

1. Corporation Name

PATRICIO FRANCESCA'S, INC.

Principal Place of Business

Mailing Address

~~2527 WATROUS AVE.~~
~~TAMPA FL 33629~~

~~2527 WATROUS AVE.~~
~~TAMPA FL 33629~~



REINSTATEMENT 98-00

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

07/22/1997

Suite, Apt. #, etc.

5006 Evelyn Dr.

Suite, Apt. #, etc.

5006 Evelyn Dr.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33609

Country

Hillsborough

Zip

33609

Country

Hillsborough

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
President	PATRICK P. LARATTA, III	5006 Evelyn Dr., Tampa, FL 33609	Tampa, FL 33609

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-04/04/00--01100--017
*****1050.00 ***1050.00**

8. Name and Address of Current Registered Agent

LARATTA, CAROL F
2527 WATROUS AVE.
TAMPA FL 33629

9. Name and Address of New Registered Agent

Name **CAROL F. LARATTA**
Street Address (P.O. Box Number is Not Acceptable)
5006 Evelyn Dr.
Suite, Apt. #, Etc.
City **TAMPA** State **FL** Zip Code **33609**

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

CAROL F. LARATTA
SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

PATRICK P. LARATTA, III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PATRICK P. LARATTA, III

Date

3/14/00

Daytime Phone #

813-636-8333

CR20040 (9/98)