

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

AND  
FILED

02 DEC 17 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PA98000057669

1. Corporation Name

PAQUIN'S PATIOS

400009527014  
12/16/02--01082--004 \*\*150.00

2. Principal Office Address

116 HERMES RD.

3. Mailing Office Address

Suite, Apt. #, Etc.

SAME

Suite, Apt. #, etc.

City & State

VENICE FL

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

6/26/96

5. FEI Number

65-0852132

Applied For

Not Applicable

Zip

34293

Country

U.S.

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

KURT LEWIS

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

6624 GATEWAY AVE

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34231

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/10/02

**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
<u>D.</u>	<u>MICHAEL PAQUIN</u>	<u>116 HERMES RD</u>	<u>VENICE FL 34299</u>

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:

Michael Paquin MICHAEL PAQUIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/10/02

Daytime Phone #

CR2E061 (9/01)

TO WHOM THIS MAY CONCERN

I HAVE HAD A COUPLE OF CHANGES IN MY ADDRESS  
THIS YEAR. DUE TO MAIL PROBLEMS I NEVER  
RECEIVED MY FILING PAPERS. THIS MATTER  
CAME UP IN A DISCUSSION WITH MY ACCOUNTANT.  
I THEN PHONED AND WAS REQUESTED TO SEND  
THIS LETTER ALONG WITH THE FORM AND MY  
CHECK.

Thank you

Michael Page