

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 <u>116 HERMES RD.</u>		3. Mailing Office Address <u>SAME</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>VENICE FL</u>		City & State	
Zip <u>34293</u>	Country <u>U.S.</u>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <u>6/26/96</u>	Applied For <input type="checkbox"/> Not Applicable
5. FEI Number <u>65-0852132</u>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <u>KURT LEWIS</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>6624 GATEWAY AVE</u>		
Suite, Apt. #, Etc.		
City <u>SARASOTA</u>	State <u>FL</u>	Zip Code <u>34231</u>

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 12/10/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 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