

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000072088

1. Corporation Name

J & D PATIO, INC.

Principal Place of Business

8300 US HIGHWAY 19 NORTH
PORT RICHEY FL 34668

Mailing Address

8300 US HIGHWAY 19 NORTH
PORT RICHEY FL 34668

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/18/1998

5. FEI Number

59-3528390

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	MARTINES, JOSEPH A	8300 US HIGHWAY 19 NORTH	PORT RICHEY FL 34668
SVD	PHILLIPS, DARIN C	8300 US HIGHWAY 19 NORTH	PORT RICHEY FL 34668

8. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name William Williams, CPA
Street Address (P.O. Box Number is Not Acceptable)
6519 Central Ave
Suite, Apt. #, Etc.
229
City St. Petersburg State FL Zip Code 33710

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

William Williams

Date

10/21/99

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph A MARTINES 10/21/99

Date

Daytime Phone #

06/23/99 90006 032 150 00

FILED

99 OCT 20 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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CR2E040 (8/99)

J & D PATIO, INC
8300 US HWY 19 NORTH
PORT RICHEY, FL 34668
59-3528390

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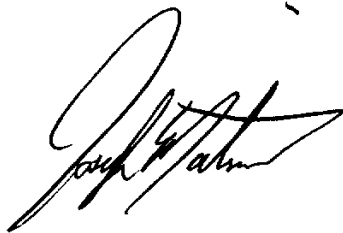
October 21, 1999

Dear Tyrone:

Enclosed please find the application for reinstatement completed. I discussed with you over the phone on October 21, 1999 about waiving all other fees except for the \$150.00 that has already been paid. We initially sent in our annual report with a check for \$150.00 (check#1139) before the deadline. It was returned back to us because of a missing signiture. They also sent back the check. We mailed it back and it evidently was past the deadline. I ask that you waive the additional late filing fees due to the fact that our full intent was to have paid this on time. We did have it to you by the deadline but it was returned with the check. I was out of town on business during this time and could not assure that it was mailed in a timely manner. We never had the intent to pay this late, as a matter of fact it did reach your office in time with \$150.00 check the first time. I would appreciate your prompt attention to this matter and I am positive that you will understand our position in this matter.

Sincerely,

Joseph A. Martines
President

A handwritten signature in black ink, appearing to read "Joseph A. Martines", written in a cursive style.