

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 18 PM 2:16

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT # P98000085329

1. Corporation Name
Mc PAT ENTERPRISES, Inc

2. Principal Office Address - No P.O. Box #
610 NW 183rd #208

3. Mailing Office Address
P.O. Box 1183

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami

City & State
Opa-Locka

Zip Country
33169 U.S.A

Zip Country
33054 USA

REINSTATEMENT 03-08^{KS}
CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida 10-10-98

5. FEI Number 650867256 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name PATIENCE OLUYOIN JOSHUA

Street Address (P.O. Box Number is Not Acceptable)
3310 NW 178th STREET

Suite, Apt. #, Etc.

City
Miami

State Zip Code
FL 33056

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 1/17/08

REGISTERED AGENT MUST SIGN

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
P	Margaret Joshua	610 NW 183 rd St	Miami, FL 33169
VP	PATIENCE JOSHUA	3310 NW 178 th St.	MIAMI, FL 33056

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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 contained in Chapter 119, 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

1/17/08 286-488-3317

Date

Daytime Phone #