

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 22 PM 6:14

DOCUMENT # **P98000087550**

1. Corporation Name

**PATRICIO TRUCKING, INC.**

Principal Place of Business

Mailing Address

**6221 WAXMYRTLE WAY  
NAPLES FL 34109**

**6221 WAXMYRTLE WAY  
NAPLES FL 34109**



**REINSTATEMENT** *DI*

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

**10/12/1998**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**59-3553935**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip |
|---------------|---|--|-------------------------|
| P             | MARTINEZ, REINERY P                       | 1070 23RD STREET W                                     | NAPLES FL 34117         |
| VP            | MARTINEZ, PATRICIO                        | 6221 WAXMYRTLE WAY                                     | NAPLES FL 34109         |
| ST            | MARTINEZ, MARTA                           | 6221 WAXMYRTLE WAY                                     | NAPLES FL 34109         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
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|               |   |  |                         |
|               |   |  |                         |

**300004679253--4**  
-11/14/01--01081--020  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**LEE, KELLY A  
233 SOUTH AIRPORT ROAD  
NAPLES FL 34104**

Name

**Kelly A. Lee**

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

**2500 Airport Rd. S.**

Suite, Apt. #, etc.

**#208**

City

**Naples**

State

**FL**

Zip Code

**34116**

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **10/18/01**

**AD**

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**

Date

Daytime Phone #

**10-18-01 (941) 566-8805**