

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 APR 20 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000104573

1. Corporation Name

Hy-Pat Corp

2. Principal Office Address - No P.O. Box #

9151 Arvida Ln

Suite, Apt. #, etc.

3. Mailing Office Address

9151 Arvida Ln

Suite, Apt. #, etc.

City & State

Coral Gables

City & State

Coral Gables

Zip

33156

Country

USA

Zip

33156

Country

USA

000151469210

04/21/09--01022--005 \*\*1058.75

REINSTATEMENT 07-09

4. Date Incorporated or Qualified  
To Do Business in Florida

12/15/1998

5. FEI Number  
650883448

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Thomas O Bales, Jr

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

9151 Arvida Ln

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33156

☐ 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 16 Apr 09

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
VSTD	Thomas O Bales, Jr	9151 Arvida Ln	Coral Gables, FL 33156
PD	Kevin W. Smith	570 Arvida Pkwy	Coral Gables, FL 33156

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:

Thomas O Bales, Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 Apr 09

Date

305-793-0213

Daytime Phone #

+ 1058.75