

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

H02000156021

DOCUMENT # P990000613416

1. Corporation Name

PATYNIKI CONFECTIONS, INC.

2. Principal Office Address

9506 SW 140 Ct

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33186

Country

3. Mailing Office Address

9506 SW 140 Ct.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33186

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business In Florida

2/10/1999

5. FEI Number

65-0897128

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

MARTIN KALKAS

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

245 SE 1ST STREET

Suite, Apt. #, Etc.

SUITE 311

City

MIAMI

State
FL

Zip Code

33131

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

6/21/02

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
PSTD	ANDRES HERNANDEZ	9506 SW 140 Ct.	MIAMI, FL 33186

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)(b), 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

H02000156021

6/21/02

Date

Daytime Phone #

APPROVED
AND
FILED

02 JUN 21 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Division of Corporations

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 205-0384

From:

Account Name : KALKAS BUSINESS SERVICES

Account Number : I19980000015

Phone : (305) 577-9716

Fax Number : (305) 577-9718

CORPORATION REINSTATEMENT**PATYNIKI CONFECTIONS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,050.00