00-01 UBR

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT — FLORIDA DEPARTMENT OF STATE — Division of Corporations

FILED
01 APR 10 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000021317

1. Corporation Name

THOMAS P. PAITSEL, INC.

Principal Place of Business	Mailing Address
1472 FALCONCREST BLVD. APOPKA FL 32712	1472 FALCONCREST BLVD. APOPKA FL 32712

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: 03/04/1999

5. FEI Number: 59-3614618 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	Thomas P. Paitsel	1472 Falconcrest	Apopka, FL 32712
VP	Susan E. Paitsel	Same	

400004014084--6
-04/17/01--01099--025
****300.00 ****300.00

SP

8. Name and Address of Current Registered Agent

PAITSEL, THOMAS E
1472 FALCONCREST BLVD.
APOPKA FL 32712

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E140 (8/98)

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: Thomas Paitsel — Date: 3/2/2001
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: Thomas Paitsel — Thomas P. Paitsel — Date: 3/8/01 — Daytime Phone #: 4078963481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0010584 AF

Better Business Services, Inc.
621. E. Hillcrest St.
Orlando, FL. 32803

202

March 2, 2001

Department of State
RE: Thomas P. Paitsel, Inc.
#P99000021317.

Enclosed is their annual report for this year with a check for $300.00 for this year and last year - 2000 & 2001.

We never received the report for last year.

Please apply this to both years.

Thank you.

Nancy Bixe
Account Rep.