

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -7 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000025222

1. Corporation Name

PATSY HARRIS SALES, INC.

Principal Place of Business

1250 DELRAY LAKES DRIVE
DELRAY BEACH FL 33444

Mailing Address

1250 DELRAY LAKES DRIVE
DELRAY BEACH FL 33444



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2101 COPPOKE BLVD NW

Suite, Apt. #, etc.

SUITE 317

City & State

BOCA RATON FL

Zip

33431

Country

PALM BEACH

3. New Mailing Office Address, If Applicable

P.O. Box 285

Suite, Apt. #, etc.

BELDEN MS

City & State

Zip

38826

Country

PORTO RICO

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/1999

5. FEI Number

65-0925015

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	HARRIS, PATSY	1250 DELRAY LAKES DRIVE	DELRAY BEACH FL 33444

300008868503

11/07/02--01056--007 **150.00

Handwritten signature/initials

8. Name and Address of Current Registered Agent

HARRIS, PATSY

1250 DELRAY LAKES DRIVE

DELRAY BEACH FL 33444

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

CR2EC40 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 10/4/02

Date

X 561-251-6359

Daytime Phone #

TO Whom it may CONCERN:

I, PATSY HARRIS, HAVE NOT RECEIVED ANY
PHIOK PACKAGES OR INFORMATION ON
THIS MATTER. PLEASE REINSTATE MY CORPORATION.
I AM INCLUDING MY CHECK OF 150.00

FBI. NUMBER
65-0925015

Pres. PATSY HARRIS SALES INC.
Patsy Harris