

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC 12 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000068846

1. Corporation Name

PATIO WORLD FLORIDA, INC

2. Principal Office Address

11681 S. Orange Blossom Trl

Suite, Apt. #, etc.

Suite 6 & 7

City & State

Orlando, Florida

Zip

32837

Country

USA

3. Mailing Office Address

11681 S. Orange Blossom Trl.

Suite, Apt. #, etc.

Suite 6 & 7

City & State

Orlando, Florida

Zip

32837

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/28/99

5. FEI Number

59-359-8667

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRES ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

2001

7. Name and Address of Current Registered Agent

Name

Kelvin Gregory

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

11681 S. Orange Blossom Trail, Suite 6 & 7

Suite, Apt. #, Etc.

Suite 6 & 7

City

Orlando, Florida

State

FL

Zip Code

32837

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

Kelvin Gregory

REGISTERED AGENT MUST SIGN

Date

12/06/01

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
D	Kelvin Gregory	same as above	100004739711--1 -12/26/01--01095--002 *****758.00 *****758.00
VP	Catherine Hammond	same as above	
PST	Kelvin Gregory	same as above	LS
			100004739711--1 -12/26/01--01095--003 *****0.75 *****0.75

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)(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:

Kelvin Gregory

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #