

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 26 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **502217**

1. Corporation Name

PATIO DEVELOPMENTS, INC.

2. Principal Office Address

14417 S.W. 45 Terrace

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33175

Country

U.S.A.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

June 21, 1991

5. FEI Number

105-0207114

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

JOSE V. LAMENDOLA

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

14417 S.W. 45 Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33175

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 12-20-00

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
P	JOSE V. LAMENDOLA	14417 S.W. 45 Terrace	MIAMI, FL 33175

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:

PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-20-00 (305) 785-8088

Daytime Phone #

CR2E081 (9/99)