

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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02 MAY 31 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> S62217			
<b>1. Corporation Name</b> PATIO DEVELOPMENTS INC.			
<b>2. Principal Office Address</b> 144 17 S.W. 45 Terr		<b>3. Mailing Office Address</b> SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FLORIDA		City & State SAME	
Zip 33175	Country	Zip	Country

600005765866--2  
-06/13/02--01071--001  
\*\*\*\*300.00 \*\*\*\*300.00

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 7-10-92	
<b>5. FEI Number</b> 650267114	Applied For <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b>	
Name LAMEDOLA, JOSE V.	201.25-AK
Street Address (P.O. Box Number is Not Acceptable) 14417 S.W. 45 TERR	10.00-ARART
Suite, Apt. #, Etc.	88.75-AK SUPP
City MIAMI FLORIDA	State FL Zip Code 33175

<b>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.</b>			
Signature of Registered Agent		Date 4/22/02	
REGISTERED AGENT MUST SIGN			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JOSE V. LAMEDOLA	14417 SW 45 TERR	MIAMI, FL 33175
S	JOSE V. LAMEDOLA	14417 SW 45 TERR	MIAMI, FL 33175
<b>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.</b>			
SIGNATURE: [Signature]		Date 4-22-02	Daytime Phone # 305-785-8088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E081 (8/01)

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April 22, 2002

Department of States  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

**Re: Patio Development, Inc.**  
**FEI Number 650267114**  
**Reinstatement Application**

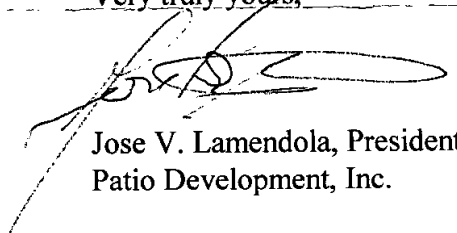
Dear Sir:

Enclosed please find an application for reinstatement for Patio Development, Inc. and a check for \$150.00 for the registration fee.

We did not receive the previous uniform business report for 2001 or any paperwork regarding our inactivity. We were told by your office that in view of the fact that we did not receive the 2001 annual report and notice the \$600 reinstatement fee would be waived and we should send our check for \$150.00 for 2001.

Please list our company as active and send us the annual report form to complete for 2002.

Very truly yours,



Jose V. Lamendola, President  
Patio Development, Inc.