

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 AUG -6 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 578100

1. Corporation Name

Pat O'Doul's, Inc.

2. Principal Office Address

849 N. Mac Ewen Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

849 N. Mac Ewen Dr.

Suite, Apt. #, etc.

City & State

Osprey, FL.

Zip
34229

Country
USA

City & State

Osprey, FL.

Zip
34229

Country
USA

700004547927--9

-08/22/01--01007--016

***300.00 ***300.00

4. Date Incorporated or Qualified
To Do Business in Florida

08/29/1991

5. FEI Number

59-3084600

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

FARLEY, D.

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

849 N. MAC EWEN DR.

Suite, Apt. #, Etc.

City

OSPREY

State
FL

Zip Code

34229

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

D. Farley

REGISTERED AGENT MUST SIGN

Date

Aug 3, 2001

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
PST	FARLEY, D.	849 N. MAC EWEN DR.	OSPREY, FL. 34229
			LS

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:

D. Farley D. FARLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

AUG. 3, 2001 941-966-5395

Daytime Phone #

CR2E081 (9/00)

2002
Aug, 3, 2001

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

As per my conversation with Stacey, she told me did not have correct address, Clerical Error. So I never received the 2000 report, and the fee would be \$300.00.

Thank you
D. Farley