


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

* CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V6598					
1. Corporation Name PATRICK J. FAUCHEUX, P.A.					
2. Principal Office Address - No P.O. Box # 418 N. COVE BLVD			3. Mailing Office Address 1923 QUAIL RUN		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State PANAMA CITY, FL			City & State LYNN HAVEN, FL		
Zip 32401	Country USA	Zip 32444	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 05/14/1992	
				5. FEI Number 59-3122721	Applied For Not Applicable
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name PATRICK J. FAUCHEUX					
Street Address (P.O. Box Number is Not Acceptable) 1923 QUAIL RUN					
Suite, Apt. #, Etc.					
City LYNN HAVEN		State FL	Zip Code 32444	000213230840 10/12/11-01025-004 **900.00	
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 _____ 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	
PTD	PATRICK J. FAUCHEUX	1923 QUAIL RUN		LYNN HAVEN, FL 32444	
10. E-mail Address: pjflaw@bellsouth.net (To be used for future annual report notification)					
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					