PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC -1 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V54558

1. Corporation Name
Patriot Square, Inc.

Principal Place of Business

Mailing Address
P97000023522

REINSTATEMENT 9697

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
815 Superior Avenue
Suite, Apt. #, etc.
Suite 1625
City & State
Cleveland, OH
Zip 44114 Country USA

3. New Mailing Address, If Applicable
c/o Joseph DeGrandis
815 Superior Avenue
Suite, Apt. #, etc.
Suite 1625
City & State
Cleveland, OH
Zip 44114 Country USA

4. Date Incorporated or Qualified To Do Business in Florida
7/31/92

5. FEI Number
65-0349044
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ] $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Joyce M. Curtis	3300 Gulf Shore Blvd. N.	Naples, FL 34102
D/S/T	Joseph V. DeGrandis, Jr.	815 Superior Avenue, #1625	Cleveland, OH 44103
D/P/VP	Michael A. Mancuso	6990 Norvale Circle	Gates Mills, OH 44040

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****915.00 ****915.00

8. Name and Address of Current Registered Agent
Stephen E. Thompson, Esq.
Roetzel & Andress, L.P.A.
Suite 270, 3003 Tamiami Trail N.
Naples, FL 33940

9. Name and Address of New Registered Agent
Name
James D. Vogel, Esq.
Street Address (P.O. Box Number is Not Acceptable)
3936 Tamiami Trail N., #B
Suite, Apt. #, Etc.
Suite B
City Naples State FL Zip Code 34103

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent
REGISTERED AGENT MUST SIGN
Date 5/1/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X]
(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: Michael A Mancuso Pres 5/13/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

CR2E036 (12/95)