

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000006394

1. Entity Name  
FOGEL & ASSOCIATES, INC.



FILED  
06 NOV -8 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
221 PARADISE POINT LANE  
SANTA ROSA BEACH, FL 32459

Mailing Address  
221 PARADISE POINT LANE  
SANTA ROSA BEACH, FL 32459



09282006 REIN-P CR2E098 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
62-1138194

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOGEL, RONALD  
221 PARADISSE POINT LANE  
SANTA ROSA BEACH, FL 32459

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Ronald Fogel* RONALD FOGEL

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☐ Delete  
NAME FOGEL, RONALD  
STREET ADDRESS 221 PARADISE POINT LANE  
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE ☐ Change ☐ Addition  
NAME 600081352816  
STREET ADDRESS 10/31/06--01020--005 \*\*\$150.00  
CITY-ST-ZIP

TITLE DSTV ☐ Delete  
NAME FOGEL, BRUCE  
STREET ADDRESS 3103 KEYSTONE DRIVE  
CITY-ST-ZIP BIRMINGHAM, AL 32459

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME FOGEL, GLENN  
STREET ADDRESS 3012 BROOK HIGHLAND DR.  
CITY-ST-ZIP BIRMINGHAM, AL 32459

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME *AS 11/8*  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ronald Fogel* RONALD FOGEL

11/4/06 8506221483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #