

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JAN -3 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000004444

1. Corporation Name

FINANCIAL APPLICATION TECHNOLOGIES FOR ENTERPRISES, INC. (FATE)

Principal Place of Business

9309 PEBBLE CREEK DR
TAMPA FL 33647

Mailing Address

9309 PEBBLE CREEK DR
TAMPA FL 33647

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT



8/30/99 90006010 0158

4. Date Incorporated or Qualified
To Do Business in Florida

08/29/1996

5. FEI Number

59-3384761

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PT	HOLDAWAY, G. LEE	9309 PEBBLE CREEK DR	TAMPA FL 33647
VS	HOLDAWAY, SHERRY W	9309 PEBBLE CREEK DR	TAMPA FL 33647

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-01/12/00--01004--003

***600.00 ***600.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOLDAWAY, SHERRY W
9309 PEBBLE CREEK DR
TAMPA FL 33647

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Sherry W Holdaway
REGISTERED AGENT MUST SIGN

Date 12/27/99

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., 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:

G. Lee Holdaway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. LEE HOLDAWAY PRESIDENT

12/27/99 813-991-9208
Date Daytime Phone #