

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 NOV 26 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 5411101

1. Corporation Name

FISHMAN & Associates INC

2. Principal Office Address

143 East Miami Ave

Suite, Apt. #, etc.

Venice Florida

City & State

Zip

34285

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

October 31, 1986

5. FEI Number

592742093

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

Charles J. Fishman

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

143 East Miami Avenue

Suite, Apt. #, Etc.

Venice Florida

City

State

FL

Zip Code

34285

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

Charles J. Fishman  
REGISTERED AGENT MUST SIGN

Date 11/25/02

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
President	Charles J. Fishman	1415 Brenner Park Drive	Venice, Florida 34285

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:

Charles J. Fishman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/25/02 (941) 484-8800

Daytime Phone #

CR2E081 (9/01)