PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR [redacted]

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

DOCUMENT # K48476 97-99

1. Corporation Name
OFF THE WALL - FLETCHER, INC.

Principal Place of Business
2315 E. FLETCHER AVE.
TAMPA, FL 33612-9405

Mailing Address
2315 E. FLETCHER
TAMPA, FL
33612-9405

500002868055--6
-05/07/99--01128--023
****473.75 ****473.75

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 11-1-89

5. FEI Number: 59-2917131 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	SHARON JAMES	22010 DARLEY PL.	LAND O'LAKES, FL 34639

FS. 5/5/99 97-99 AR

8. Name and Address of Current Registered Agent
SANDRA GRIFFIN
1006 CORNWALL CT
BRANDON, FL 33510

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

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: Sandra Griffin (REGISTERED AGENT MUST SIGN) Date: 4-11-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. 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: Sharon James
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99 Date | 813-977-0792 Daytime Phone #

CR2E081 (12/98)

April 11, 1999

[redacted] State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

RE: Off The Wall, Fletcher Inc. 2

To Whom It May Concern,

Please be advised that the Corporation moved in 1997 and did not recieve the annual Corporation Report. Therefore, please re-instate the Corporation and waive all late fees. A check for $465.00 is enclosed for 1997, 1998 and 1999. Also $8.75 for copy. Total check is $473.75

Thank You,

Sandra Griffin
Registered Agent