

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 98-99
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 JUN 25 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M48066

1. Corporation Name

FENNELL + FENNELL ENTERPRISES, INC.

Principal Place of Business

1310 SW 67 WAY
PEMBROKE PINES, FL
33023

Mailing Address

262 GAUDIO WAY
MARYVILLE, TN
37801

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

REINSTATEMENT 98-99

4. Date Incorporated or Qualified To Do Business in Florida 3/10/1987 SP

5. FEI Number

59-2777927

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	FENNELL, JOSEPH W.	1310 SW 67 WAY	PEMBROKE PINES, FL 33023
VST	FENNELL, SUSAN	1310 SW 67 WAY	PEMBROKE PINES, FL 33023
D	FENNELL, SUSAN	1310 SW 67 WAY	PEMBROKE PINES, FL 33023

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****908.75 ****908.75

8. Name and Address of Current Registered Agent

FENNELL, SUSAN
1310 SW 67 WAY
PEMBROKE PINES, FL 33023

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

Susan Fennell

REGISTERED AGENT MUST SIGN

Date

6/21/99

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:

Susan Fennell SUSAN FENNELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/99
Date

4238569157
Daytime Phone #