

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000009495

**FILED**  
**Apr 28, 2005**  
**Secretary of State**

**Entity Name:** FS FLETCHER, INC.

**Current Principal Place of Business:**

701 BRICKELL AVENUE  
MIAMI, FL 331312851

**New Principal Place of Business:**

**Current Mailing Address:**

701 BRICKELL AVENUE  
MIAMI, FL 331312851

**New Mailing Address:**

**FEI Number:** 65-1208750      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

NOLAN, JAMES  
701 BRICKELL AVENUE  
MIAMI, FL 331312851 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: JAMES NOLAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: NOLAN, JAMES  
Address: 701 BRICKELL AVENUE SUITE 1300  
City-St-Zip: MIAMI, FL 331312851

Title: D ( ) Delete  
Name: BERLINER, FRED  
Address: 701 BRICKELL AVENUE SUITE 1300  
City-St-Zip: MIAMI, FL 331312851

Title: D ( ) Delete  
Name: BERLINER, LILLIAN  
Address: 701 BRICKELL AVENUE SUITE 1300  
City-St-Zip: MIAMI, FL 331312851

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES NOLAN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

V.P.

04/28/2005

\_\_\_\_\_  
Date