

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000004778

1. Corporation Name

Parastical Fate, Inc.

2. Principal Office Address

178 Ward Drive

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip

32789

Country

USA

3. Mailing Office Address

178 Ward Drive

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip

32789

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/14/2000

5. FEI Number

59 361 8523

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED

03 OCT -2 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800023507448

10/02/03--01019--003 **150.00

7. Name and Address of Current Registered Agent

Name

J. Richard Sloan

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

178 Ward Drive

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32789

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/29/03

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
Pres.	J. Richard Sloan	178 Ward Drive	Winter Park, FL 32789
D	Manny Garcia	601 N. New York Ave.	Winter Park, FL 32789

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:

[Signature] J. Richard Sloan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/29/03

Daytime Phone #

4073425554

CR2E081 (10/02)

JK 15/3

Fanatical Fare, Inc.

Florida Department of State
Division of Corporations

09/29/2003

RE: Reinstatement

To whom it may concern:

I am writing to request that our corporation be reinstated as of the time that you receive this letter, the proper forms and our check for \$150. We did not receive any request for payment regarding our annual report at any time so we therefore respectfully request reinstatement for the \$150 fee.

Please also know that the corporate address has changed and is correct on the new forms that we are filing. This address changed only 15 days ago so there is no correlation between that and the fact that we did not receive request for payment.

Sincerely,



J. Richard Sloan
President