

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 NOV -9 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00060024692

**1. Corporation Name**

FRETWELL & ASSOCIATES, INC.

2180 WEST FIRST STREET  
2180 WEST FIRST STREET

**2. Principal Office Address**

2180 WEST FIRST STREET

**3. Mailing Office Address**

2180 WEST FIRST STREET

Suite, Apt. #, etc.

SUITE 501

Suite, Apt. #, etc.

SUITE 501

City & State

FORT MYERS, FLORIDA

City & State

FORT MYERS, FLORIDA

Zip

33901

Country

USA

Zip

33901

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida 3/3/2000**

**5. FEI Number**  
65-0985543

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

DILLON D. FRETWELL

Street Address (P.O. Box Number is Not Acceptable)  
2011 SE 8TH STREET

Suite, Apt. #, Etc.

City

CAPE CORAL

State  
**FL**

Zip Code  
33990

**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

*Dillon D. Fretwell*

Date 11/4/04

REGISTERED AGENT MUST SIGN

**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
D/P	DILLON D. FRETWELL	2011 SE 8TH STREET	CAPE CORAL, FL. 33990

**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:**

*Dillon D. Fretwell*

11/4/04

(239) 939-3768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)