


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION <b>FOR WR</b> REINSTATEMENT	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P00000050148**

1. Corporation Name

**DARLEEN FLETCHER, INC.**

Principal Place of Business

5121 MICHIGAN AVENUE  
WEST PALM BEACH FL 33415

Mailing Address

5121 MICHIGAN AVENUE  
WEST PALM BEACH FL 33415

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

**05/22/2000**

5. FEI Number

**65-100-9812**

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 3	City / State / Zip 4
D	FLETCHER, DARLEEN	5121 MICHIGAN AVENUE	WEST PALM BEACH FL 33415

8. Name and Address of Current Registered Agent

**FLETCHER, DARLEEN**  
**5121 MICHIGAN AVENUE**  
**WEST PALM BEACH FL 33415**

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

*Darleen Fletcher*

Date **10-16-01**

REGISTERED AGENT MUST SIGN

11. 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:

*Darleen Fletcher*  
DARLEEN FLETCHER

**10-16-01**

Date

Daytime Phone #

**C. R. COOPER, CPA, PA**  
5350 10<sup>TH</sup> AVENUE NORTH, SUITE 8  
LAKE WORTH, FL. 33463

American Institute of  
Certified Public Accountants

(561) 964-6927  
(561) 432-0008

Florida Institute of  
Certified Public Accountants

FAX (561) 433-3596

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October 19, 2001

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

Corporation: DARLEEN FLETCHER, INC.  
Document #: P00000050148  
Re: 2001 Uniform Business Report


To Whom It May Concern:

Darleen Fletcher, Inc. did not receive either the first notice of the 2001 Uniform Business Report that they needed to file by May 1, 2001 or the second notice. Since the corporation is a new corporation formed on May 22, 2000 they were not aware that they needed to file a Uniform Business Report by May 1<sup>st</sup>.

Therefore, we are requesting that they be allowed to file the Uniform Business Report now with the original fee of \$150.00. Please find enclosed the signed Report plus the corporation's check in the amount of \$150.00.

Should there be any problem or if you need further information, please contact our office. Thank you for your prompt attention to this matter.

Sincerely,

  
C. R. Cooper, CPA

Clf

Encl.