

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000109265

1. Corporation Name

FILLMORE ASSOCIATES, INC.

Principal Place of Business

7621 VENTURA LANE
PARKLAND FL 33067

Mailing Address

7621 VENTURA LANE
PARKLAND FL 33067

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

11/27/2000

5. FEI Number

65-1058269

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	TRIBULL, LOIS	7621 VENTURA LANE	PARKLAND FL 33067
P	FATEMAN, IRA	2958 PINE ST	SAN FRANCISCO CA 94115

8. Name and Address of Current Registered Agent

TRIBULL, LOIS
7621 VENTURA LANE
PARKLAND FL 33067

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/11/02

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/11/02

CR2E040 (8-02)

Never received
Notice!!

2012

Dear Sirs -

This was sent
to our wrong office
address.

Kindly restate
Enclosed is check
for 150.00

Thank you

Lois Tribull
Fillmore Associates
2958 Pine Street
San Francisco
Ca 94115

State I.D.# 65-105 8269

TelePhone # 415 921 6510