

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY 12 PM 2:40

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000006639

1. Corporation Name

FISHER & COHEN ACCOUNTING & TAX SERVICE

000178048650
04/27/10--01017--012 **750.00

2. Principal Office Address - No P.O. Box #

3423 N. HIATUS RD

Suite, Apt. #, etc.

3. Mailing Office Address

3423 N. HIATUS RD

Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip

33351

Country

US

Zip

33351

Country

US

REINSTATEMENT
B 5/13/10 SR2E08T (11/09) LVS NT

4. Date Incorporated or Qualified
To Do Business in Florida

1/16/2001

5. FEI Number

65-1066890

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

CARL FISHER

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

3423 N. HIATUS RD

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33351

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Carl F. Fisher

Date 4/23/10

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	CARL FISHER	3423 N. HIATUS RD.	SUNRISE, FL 33351

000178048650
05/12/10--01038--003 **308.75

10. E-mail Address: CFINSUITE127@AOL.COM

(To be used for future annual report notification)

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. I further certify, 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:

Carl F. Fisher

CARL F. FISHER III P.

4/23/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #