

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -8 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 20100016095

1. Corporation Name

Fitznelson, Inc.

2. Principal Office Address

53 W. Colonial Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

53 W. Colonial Dr.

Suite, Apt. #, etc.

City & State

Orlando Florida

City & State

Orlando, Florida

Zip

32801

Country

USA

Zip

32801

Country

USA

REINSTATEMENT 02-04
MM 10/11/04

4. Date Incorporated or Qualified
To Do Business in Florida

12/06/01

5. FEI Number

59-3759007

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

J. Michael Malone

500041681395

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

523 W. Colonial Drive

10/08/04--01005--006 **1058.75

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32804

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 9-24-04

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
Sec/ Pres.	<u>Cheryl F. Nelson</u>	<u>613 Daniels Avenue</u>	<u>Orlando, FL 32801</u>
Trs/ V.P.	<u>David R. Nelson</u>	<u>613 Daniels Avenue</u>	<u>Orlando, FL 32801</u>
Dtr	<u>Richard K. Nelson</u>	<u>2415 Miscindy Place</u>	<u>Orlando, FL 32806</u>
Dtr	<u>Shirley B. Nelson</u>	<u>2415 Miscindy Place</u>	<u>Orlando, FL 32806</u>
Dtr			

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:

Cheryl F. Nelson Cheryl F. Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/04

Date

407-839-1936

Daytime Phone #

CR2E061 (01/04)