

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000047704

1. Corporation Name

FISHBAUGH & ASSOCIATES, INC.

Principal Place of Business

179 KEVIN ROAD
GULF BREEZE FL 32561

Mailing Address

179 KEVIN ROAD
GULF BREEZE FL 32561



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

03

04/15/2002

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	FISHBAUGH, ROBERT C	179 KEVIN ROAD	GULF BREEZE FL 32561

200024164672
10/27/03-01049-018 **150.00

8. Name and Address of Current Registered Agent

FISHBAUGH, ROBERT C
179 KEVIN ROAD
GULF BREEZE FL 32561

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

Robert Fishbaugh

REGISTERED AGENT MUST SIGN

Date 10/24/03

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:

Robert Fishbaugh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT FISHBAUGH

10/24/03 850-932-8660
Date Daytime Phone #

CR2040 (7/03)

Robert Fishbaugh

179 Kevin Dr. Gulf Breeze Fl. 32561
850-932-8660

October 24, 2003

Florida Department of State
Division Of Corporations

Due to the fact that I had a change of address, I did not receive my corporation renewal form.

Please find the reinstatement application and a check for \$150 enclosed.

Sincerely,

Robert Fishbaugh
Robert Fishbaugh