PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State-

DIVISION OF CORPORATIONS

DOCUMENT # P02000106248

1. Corporation Name

FITZERS, INC

Principal Place of Business

Mailing Address

FILED

03 OCT 13 PM 2: 12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

			012 MANGO TSLE T LAUDERDALE FL 33315					
			ng Office Address, N·E·21 etc. Manoks Could	of Applicable STRET FLORIGH	4. Date Incorp To Do Busin 5. FEI Numbe 03- 6.	orated or Qualified ness in Florida	10/02/20 4 0 5	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Title(s),	Name of Officers and/or Directors		treet Address of Each Officer and/or Director		City / State / Zip			
P	KELLY, LORRAINE		1012 MANGO ISLE			FT LAUDERDALE FL 33315		
VP	KELLY, LAWRENCE	1012 MANGO ISLE			FT LAUDERDALE FL 33315			
 -,,,		200023750102 10/13/0301064010 **150.00				50.00		
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				_				
Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
KELLY, LORRAINE 1012 MANGO ISLE				Name Street Address (P.O. Box Number is Not Acceptable)				
FI LAU	IDERDALE FL 33315		Suite, Apt. #, Etc.	O. Box Number is Not Acceptable) State Zip Code FL				
			City					
10. I, being	appointed the registered agent of the abo	ve named corpo	ration, am familiar i	with and accept the ob	oligations of Secti	on 607.0505, F.S.	or 617.0505, F.S.	

11. Lertify 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 of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

REGISTERED GENT MUST SIGN

10.09. 2003

Date 10 . 09 . 03

Daytime Phone #



October 9th, 2003

Florida Department of State, Division of Corporations, P.O. Box 6327, Tallahassee, Florida 32314.

Dear Sir or Madam,

I am in receipt of a letter, sent to my home address but received by my neighbour, which contains a "Certificate of Administrative Dissolution or Revocation" notice. This notice states that I did not file my 2003 annual corporation report and therefore my corporation is revoked since September 19th, 2003.

I am a new business owner and was not aware that I had to file a "corporation annual report/uniform business report" annually in order to maintain my active status, and that this needed to be filed between January and May each year. I was not aware of this until I received this notice today!

I did NOT receive any prior notice, or second notice informing me of this information.

The notice I did receive was sent to my home address, when infact it should have been mailed to my business address.

I am cordially requesting therefore that the reinstatement fee be waived, due to the reasons stated above:

I have enclosed the completed application for reinstatement and the \$150.00 UBR filing fee, following a telephone call I had with one of your associates this afternoon, on receipt of this notification.

Please change the address to my business address, as noted, from my home address.

Thank you for your consideration in this matter.

Sincerely,

orraine FitzGerald Kelly