

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 30 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000117599

1. Corporation Name

FLETCHERS' INVESTMENT GROUP, INC.,

Principal Place of Business

Mailing Address

~~6122 WASHINGTON STREET  
HOLLYWOOD FL 33023~~

6122 WASHINGTON STREET  
HOLLYWOOD FL 33023

336 SW 185 TER  
Pembroke Pines, FL 33029



REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/30/2002

Suite, Apt. #, etc

Suite, Apt. #, etc

336 SW 185 TER

336 SW 185 TER

FEI Number

Applied For

Not Applicable

City & State

City & State

Pembroke Pines FL

Pembroke Pines FL

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required for a Certificate of Status

Zip

Country

33029

FLORIDA

Zip

33029

Country

FLORIDA

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
<del>P</del>	<del>LEE, ANTHONY</del>	<del>6122 WASHINGTON STREET</del>	<del>HOLLYWOOD FL 33023</del>
P	FLETCHER, WALTER L	336 SW 185 TER <del>6122 WASHINGTON STREET</del>	Pembroke Pines HOLLYWOOD FL 33023 FL 33029
VP	FLETCHER DANILIA	336 SW 185 TER	Pembroke Pines FL 33029

000024265340  
10/30/03 01007--009 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FLETCHER, WALTER L  
~~6122 WASHINGTON STREET  
HOLLYWOOD FL 33023~~

336 SW 185 TER  
Pembroke Pines  
FL 33029

Name: WALTER L. FLETCHER  
Street Address (P.O. Box Number is Not Acceptable): 336 SW 185 TER  
Suite, Apt. #, Etc.: Pembroke Pines  
City: Pembroke Pines  
State: FL  
Zip Code: 33029

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

WALTER L. FLETCHER

REGISTERED AGENT MUST SIGN

Date

10/26/03

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:

WALTER L. FLETCHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20-2403954 452-8917  
Date Daytime Phone #

CR2E040 (7/03)

**Fletchers Investment Group, Inc**  
**336 SW 185 Terr**  
**Pembroke Pines, Fl 33029**  
**10/26/03**

Department of State  
Division of Corporations  
Tallahassee, Fl 32314

Dear Sir/Madam,

I am applying for reinstatement as I never received any of the prior notices you mailed to me. As you can see my business address had changed and apparently it was not forwarded to me.

Yours Truly



Walter L Fletcher  
President