

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 17 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000118228

1. Corporation Name

FAUTH ENTERPRISES, INC.

Principal Place of Business

Mailing Address

268 ALLENWOOD DR.
LAUDERDALE BY THE SEA FL 33308

268 ALLENWOOD DR.
LAUDERDALE BY THE SEA FL 33308

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/2002

5. FEI Number

57-1136426

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
PST	FAUTH, FREDERICK	268 ALLENWOOD DRIVE	LAUDERDALE BY THE SEA FL 33308
VP	FAUTH, VINZINA	268 ALLENWOOD DRIVE	LAUDERDALE BY THE SEA FL 33308

400023908764
10/17/03--01064--013 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SLUTSKY, STUART M
2500 WESTON RD., SUITE 220 404
WESTON FL 33331

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

REGISTERED AGENT MUST SIGN

Date 10/15/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/03 84474-9898

Date

Daytime Phone #

CR2E040 (7/03)



October 12, 2003

To Whom It May Concern,

I just received a notice stating that my corporation (document # P02000118228 Fauth Enterprises Inc.) is being dissolved. I did not receive the prior 2 notices that the dissolution form claims were sent. As a result of not receiving the prior 2 UBR notices I am asking that reinstatement fee be waived. Thank you in advance for your cooperation in this matter

Sincerely

A handwritten signature in cursive script that reads "Frederick Fauth".

Frederick Fauth
President Lindburgers Davie