

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 DEC 28 PM 4:57

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000014524

1. Corporation Name

FULL CIRCLE ENTERPRISE INC

2. Principal Office Address

1235 CONCORD RD SE

Suite, Apt. #, etc.

City & State

SMYRNA, GA

Zip

30080

Country

3. Mailing Office Address

6337 RUTHIE DR

Suite, Apt. #, etc.

City & State

ORLANDO

Zip

32818

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

22-3893252

☒ 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

RUTH MAXWELL

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

6337 RUTHIE DR.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32818

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

Ruth V. Maxwell

Date

12/1/2005

REGISTERED AGENT MUST SIGN

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
CEO	RUTH MAXWELL	6337 RUTHIE DR	ORLANDO, FL. 32818
PD	YVONNE BERKINS	6337 RUTHIE DR	ORLANDO, FL. 32818

REINSTATEMENT

04/05

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:

Ruth V. Maxwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/2005

Date

(407) 822-7640

Daytime Phone #

paycratz

12/1/05

Price's Accounting Firm Inc.

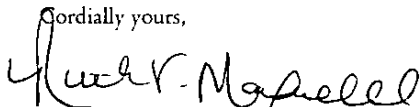
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
REINSTATEMENT DEPARTMENT
TALLAHASSEE, FLORIDA

To Whom It May Concern,

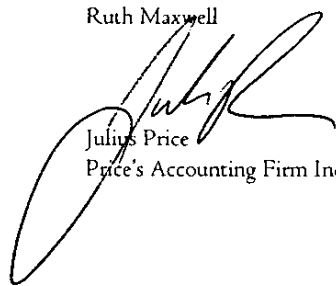
This letter is to inform you that Full Circle Enterprise Inc., did not receive the annual corporate report form. The corporation expired, and the corporation annual report was not mailed to the current shareholder. The current shareholder was not aware of the Annual Report and, the address of record was not updated, thus the current shareholder did not inquire about the report. Due to these facts we are asking that you wave the reinstatement fee. Enclosed is a check for the outstanding amount due over a period of one years.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Ruth Maxwell


Julius Price
Price's Accounting Firm Inc.