

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB -6 PM 1:11

DOCUMENT # P03000087038

1. Corporation Name **F.S.G Enterprise Inc**

2. Principal Office Address - No P.O. Box #

5135 INTERNATIONAL DRIVE

Suite, Apt. #, etc.

SUITE 7

City & State

ORLANDO FLORIDA

Zip

32819

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

08 07 2003

5. FEI Number

20-0130303

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SAMUEL FRANCIS

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

5135 INTERNATIONAL DR

Suite, Apt. #, Etc.

SUITE 7

City

ORLANDO

State

FL

Zip Code

32819

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Samuel Francis

Date **01-22-2008**

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
PT	SAMUEL FRANCIS	5135 International Dr #7	ORLANDO FL 32819
S	KERRY ANN JOHNSON	5135 International Dr #7	ORLANDO FL 32819

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 contained in Chapter 119, 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:

Samuel Francis **SAMUEL FRANCIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **01-22-08**

Date

407 435 9696

Daytime Phone #