2005 FOR PROFIT CORPORATION REINSTATEMENT

P2112

55511			ALCIVILIA				F11 ~				
DOCUMENT # P0400013509 1. Entity Name LIZ FISHER, INC.							FILED 05 OCT -6 AM II: 32 SECRETARY STATE TALLAHASSEE, FLORIDA				
Principal Plac	e of Business		Mailing Address		i .		TALLAHASSI	.27_37,	a I i-		
156 PALM CI			156 PALM CIRCLE	156 PALM CIRCLE			-/ "M33E	t, FL0/	RIDA		
ATLANTIS, FL 33462 ATLANTIS, FL 33462									61 E(#1 E61)E (91)		
2. Principal P	lace of Busin	ess	3. Mailing Address	3. Mailing Address							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			REIN-P	CR2EC	98 (6/04)		
City & State			City & State	City & State			9°-06289	184		olied For Applicable	
Zip	Country		Zip	Coun	itry	5. Certificat	e of Status Desired		\$8.75 Addi		
	6. Name	and Address of Cur	rent Registered Agent		[7. Name an	d Address of New Re				
_					Name						
FISHER, LIZ 156 PALM CIRCLE ATLANTIS. FL 33462						Street Address (P.O. Box Number is Not Acceptable)					
ATLANTIO	, I L 3340	2					· · · · · · · · · · · · · · · · · · ·				
					City			FL	Zip Code	ı	
	named entity tions of registe		ent for the purpose of changing	its register	ed office or r	registered agent, or b	oth, in the State of Flo	rida. I am fa	amiliar with, a	and accept	
SIGNATURE_	Signature, typed	or printed name of registered	agent and title if applicable. (N	OTE: Register	ed Agent signatu	ure required when reinstatin	g)	DATE			
		FEE IS \$150.00 D6, Fee will be \$3	00.00				In accordance w				
10.		OFFICERS A	AND DIRECTORS	11.		ADDITIONS	CHANGES TO OFFI	CERS AND	DIRECTORS	-IN 11	
TITLE	PD		Delete	TITL	E				☐ Change	☐ Addition	
NAME	1	FISHER, LIZ			IE I		000050299380 10/06/0501043008 **158.75				
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP	10/0	16/USU1U43	008	* *158,	. 75	
TITLE			☐ Delete	TITL	l l				☐ Change	Addition	
NAME STREET ADDRESS				NAM STRE	EET ADDRESS						
CITY-ST-2IP				CITY	'-ST-ZIP			UTT?	20	<u>ــــــــــــــــــــــــــــــــــــ</u>	
TITLE			☐ Delete	TITL	10	aring Office	BYTE REE	M H	☐ Change	, 🔲 Adelition	
NAME STREET ADDRESS				NAM STRE	EET ADDRESS		A Will East in		_		
CITY-ST-ZIP					'-ST-ZIP						
TITLE			☐ Delete	FITL			ه ۔	يتبغيمينشش ده	☐ Change	Addition	
NAME STREET ADDRESS				NAM	IE Eet address	T. Rol	ports OCT Of	76			
CITY-ST-ZIP					-ST-ZIP						
TITLE	 		☐ Delete	TITL	£				☐ Change	Addition	
NAME				NAM							
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP						
TITLE			☐ Delete	TITL	-				Change	Addition	
NAME				NAM	i						
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '- ST-ZIP						
12 I hereby	certify that the	information supplier	d with this filing does not qualify	for the eye	motion state	ed in Section 119.07/3	B)(i), Florida Statutes	further cert	ify that the in	formation	
indicated	on this repor	t or supplemental rep le receiver or trustee.	oort is true and accurate and the empowered to execute this repr ess, with all other like empower	at my signa	ture shall ha ired by Chap	ive the same legal effo oter 607, Florida Statu	ect as if made under o	oath; that I a e appears ir	m an officer n Block 10 or	or director Block 11 if	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 27, 2005

Florida Dept. of State Division of Corporations PO Box 6198 Tallahassee, FL 32314

RE: Liz Fisher, Inc. FEIN 20-0628984 Annual Report

To Whom It May Concern:

Enclosed please find the annual report for the corporation referenced above. Also enclosed is a check payable to Florida Department of State in the amount of \$150.00.

I am requesting that you accept the late filed annual report and my payment for \$150, and request that you abate the \$400.00 late fee. This is the first year I was required to file this, and never received it in the mail, and was unaware that it was due until someone pointed out to me that my corporation was inactive.

Please accept my application and check for \$150, as this is the first year filing for the corporation.

Thank you for your assistance.

Sincerely,

1 101101

Enclosures: Form and Check

P.S. dolated \$8.95 per certificati
No status.

Rana you

check # 1063 enclosed \$158.75