

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 27 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **604000160784**

1. Corporation Name

GARY FIDLER, INC.

2. Principal Office Address - No P.O. Box #
13336 SYLVAN AVE

Suite, Apt. #, etc.

City & State
FORT MYERS FL

Zip
33919

Country
US

3. Mailing Office Address
13336 SYLVAN AVE

Suite, Apt. #, etc.

City & State
FORT MYERS FL

Zip
33919

Country
US

600142280216
01/28/09--01023--014 ***450.00
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida 11/30/2004

5. FEI Number
20-1991715

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
SOUTHWEST PROFESSIONAL SERVICES OF SO FL INC

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

Suite, Apt. #, Etc.
13571 MCGREGOR BLVD #22

City
FORT MYERS

State
FL

Zip Code
33919

☒ 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

[Signature] Pres

Date 1/22/09

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
D/P	GARY FIDLER	13336 SYLVAN AVE	FORT MYERS FL 33919

REINSTATEMENT

RH

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/22/09

Daytime Phone #