


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

|  |   |
|--|---|
| DOCUMENT # P07000064840                                  |  |
| 1. Entity Name<br>FRITZ COMPANY OF CENTRAL FLORIDA, INC. |   |

|   |  |
|---|--|
| Principal Place of Business<br><b>11510 GRACES WAY<br/>CLERMONT, FL 34714</b> | Mailing Address<br>11510 GRACES WAY<br>CLERMONT, FL 34711 US |
|---|--|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip  | Country             |

FILED  
10 JAN -6 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09282009 REIN-P CR2E098 (1/07)

|  |                                |
|--|--------------------------------|
| 4. FEI Number<br>26-0279706  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><br>FEDELE, FRANCIS W<br>11510 GRACES WAY<br>CLERMONT, FL 34711 | 7. Name and Address of New Registered Agent<br>Name<br><b>David Gaynes, Esq.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>13275 Highway 27</b><br><b>#404</b><br>City<br><b>Clermont</b> FL Zip Code<br><b>34711</b> |
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *David Gaynes* (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |  |
|--|--|
| FILE NOW!!! FEE IS \$150.00<br>(After January 1, 2010, Fee will be \$300.00) | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|--|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>FEDELE, FRANCIS W<br>11510 GRACES WAY<br>CLERMONT, FL 34711 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>400164772634</b><br><b>01/06/10--01/04/10--003 ***158.75</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

REINSTATEMENT 2009

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Francis W. Fedele* Date 12/31/05 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR