

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 FEB 24 PM 3:17

FILING CANCELLED
RETURNED CHECK

DOCUMENT # P10000032124

1. Corporation Name

Fishhawk Square Partners Inc.

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

16144 Churchview Dr.

3. Mailing Office Address

Subs, Apt. #, etc.

202

Subs, Apt. #, etc.

City & State

Lithia, FL

City & State

Zip

33547

Country

Zip

Country

REINSTATEMENT 11-12
CASE # 11710

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
27-2307311

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

Tom Meyer

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

16144 Churchview Dr.

Subs, Apt. #, Etc.

202

City

Lithia

State

FL

Zip Code

33547

800222961668
02/24/12--01042--009 **\$900.00

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

Tom Meyer

REGISTERED AGENT MUST SIGN

Date 2/3/12

9. Names and Street Addresses of Each Officer and/or Director (Florida nonproft 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
Pres	Tom Meyer	16144 Churchview Dr.	Lithia FL 33547

FEB 27 2012

T. CAULEY

10. E-mail Address: recomo4@yahoo.com

(To be used for future annual report notifications)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.

SIGNATURE:

Tom Meyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/12

Daytime Phone #