

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000023660

**FILED**  
**Oct 21, 2014**  
**Secretary of State**

**Entity Name:** F. FLETCHER AND ASSOCIATES, INC.

**Current Principal Place of Business:**

2995 WOODDUCK DRIVE  
POLK CITY, FL 33868

**New Principal Place of Business:**

**Current Mailing Address:**

2995 WOODDUCK DRIVE  
POLK CITY, FL 33868

**New Mailing Address:**

851 FIFTH AVENUE NORTH  
303  
NAPLES, FL 34102

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLETCHER, BYRON  
2995 WOODDUCK DRIVE  
POLK CITY, FL 33868 US

**Name and Address of New Registered Agent:**

LAW OFFICES OF JOHN F. HOOLEY, P.A.  
851 FIFTH AVENUE NORTH  
NAPLES, FL 34102 US

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.

SIGNATURE: JOHN F. HOOLEY

10/21/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FLETCHER, BYRON  
Address: 2995 WOODDUCK DRIVE  
City-St-Zip: POLK CITY, FL 33868

Title: SEC  
Name: FLETCHER, BYRON  
Address: 2995 WOODDUCK DRIVE  
City-St-Zip: POLK CITY, FL 33868

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: B. FLETCHER

P

10/21/2014

Electronic Signature of Signing Officer or Director

Date