

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED
11/2

05 OCT 14 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 019874

1. Corporation Name

R. FITZGERALD COMPANY INC.

W05-45585

2. Principal Office Address

29 COMMONWEALTH AVE

Suite, Apt. #, etc.

906

City & State

BOSTON, MA

Zip

02116

Country

USA

3. Mailing Office Address

29 COMMONWEALTH AVE

Suite, Apt. #, etc.

906

City & State

BOSTON, MA

Zip

02116

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1979

5. FEI Number

04-26632-32

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

RICHARD FITZGERALD

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

400 NORTH FLAYLER DRIVE

Suite, Apt. #, Etc.

906

City

WEST PALM BEACH

State

FL

Zip Code

33401

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

Date

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
PRES	RICHARD FITZGERALD	145 PINCKNEY STREET	BOSTON, MA 02114

K. Eckel OCT 19 2005

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 under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/11/05

2/2

September 29th 2005

Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee
Florida 32314

Dear Sirs,

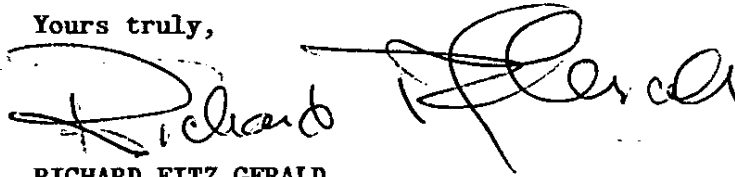
Charter #P19874

With reference to your letter regarding this Company's failure to file a Uniform Business Report.

we never received a copy of said report for 2004 and we are requesting that the late penalty fee of \$ 750.00 be waived.

We enclose our check for \$300.00 for the 2004/2005 period as well as the Corporate Reinstatement Form, and hope that this situation can be rectified satisfactorily.

Yours truly,



RICHARD FITZ GERALD

President

INTERIOR DESIGN
BOSTON / PALM BEACH / CAPE COD

29 COMMONWEALTH AVENUE
BOSTON, MA 02116-2349
TEL. (617) 266-6500