

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JAN 25 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000014825

1. Corporation Name

MICHELE FISCHETTI ENTERPRISES, INC.

2. Principal Office Address

4563 44th Street South

3. Mailing Office Address

Same as #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

Zip

33711

Country

Pinellas

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/92

5. FEI Number

593158523

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

Michele Fischetti

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

4563 44th Street South

Suite, Apt. #, Etc.

City

St. Petersburg,

State

FL

Zip Code

33711

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

Michele Fischetti

Date

1/23/2002

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
P/VP S/T/D	Michelè Fischetti	4563 44th St. South	St. Petersburg, FL 33711

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:

Michele Fischetti

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02 864-2800

CR2081 (9/01)

JAMES N. CASESA, P.A.

Attorney at Law

MEMBER:
FLORIDA BAR
NEW YORK BAR

3845 FIFTH AVENUE NORTH
ST. PETERSBURG, FLORIDA 33713-7537
TELEPHONE (727) 323-4719
FAX (727) 327-5554

CRAIG PLOTNER
LEGAL ASSISTANT

IN REPLY REFER TO

January 23, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
Attn: Eula

RE: Michele Fischetti Enterprises, Inc.

Dear Eula:

Enclosed is a Corporation Reinstatement form signed by Michele Fischetti as Officer for this corporation. It is my understanding that originally an annual report was submitted with fees attached but the form was not signed. A second check was resubmitted but again no signed form has been filed. Mr. Fischetti has never received any of these documents and is now changing the mailing address for the corporation to ensure that they are delivered properly. Please consider waiving the \$600.00 penalty as the payment was in fact timely made despite the fact that the form was not signed.

There has been a change of registered agent also to Mr. Fischetti at a new address.

Your cooperation in getting this matter resolved is greatly appreciated.

Very truly yours,


James N. Casesa

JNC/kb
Encl