

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

01 JUN 21 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000070315**

**1. Corporation Name**

**Fantasy Enterprises International Corp.**

**2. Principal Office Address**

**7014 Edgeworth Drive**

Suite, Apt. #, etc.

**3. Mailing Office Address**

**7014 Edgeworth Drive**

Suite, Apt. #, etc.

City & State

**Orlando, FL**

City & State

**Orlando, FL**

Zip

**32819**

Country

**USA**

Zip

**32819**

Country

**USA**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**10/11/93**

**5. FEI Number**

**59-3210174**

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

**Mario Ragazzo**

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

**7014 Edgeworth Drive**

Suite, Apt. #, Etc.

City

**Orlando**

State

**FL**

Zip Code

**32819**

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**JUNE 18/01**

**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
<b>D</b>	<b>MARIO A. RAGAZZO</b>	<b>PRESIDENT</b>	<b>7014 EDGEWORTH DRIVE ORLANDO FLA 32819</b>

**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

*[Signature]*

Date

**JUNE 18/01**

Daytime Phone #

**407-352-9640**

CR2081 (9/99)

Pg 2 of 2

Monday, June 18, 201  
Florida Dept. of State  
Att: Reinstatement Office  
Subject: Fantasy Enterprises International Corporation  
(aka FEIC)  
Renewal Fees for 2000 & 2001  
P93000070315

To whom it may concern,

As per our telephone conversation, I am enclosing a check for \$ 300.00 for the renewal fees of FEIC for the years 2000 and 2001.

Since we never received a renewal notice via mail for either year, it has been requested I send the full amount for reinstatement at \$ 150.00 per year.

Thank you for your prompt attention to this matter.

Sincerely,

  
Mario Ragazzo  
President

Fantasy Enterprises International Corporation  
Corporate Offices  
7014 Edgeworth Drive  
Orlando, FL 32819  
(407) 352-9640 phone  
(407) 363-2031 fax