

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 FEB -9 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000044322

1. Entity Name
FISCHER DESIGN BUILD, INC.



Principal Place of Business
7552 NAVARRE PKWY
SUITE 8
NAVARRE, FL 31566

Mailing Address
7552 NAVARRE PKWY
SUITE 8
NAVARRE, FL 31566

2. Principal Place of Business - No P.O. Box #
7552 NAVARRE PKWY
Suite, Apt. #, etc.
STE. 42
City & State
NAVARRE, FL
Zip
32566
Country
USA

3. Mailing Address
7552 NAVARRE PKWY
Suite, Apt. #, etc.
STE. 42
City & State
NAVARRE, FL
Zip
32566
Country
USA



4. FEI Number
59-3249928

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FISCHER, GUY
7552 NAVARRE PKWY
SUITE 8 42
NAVARRE, FL 31566

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

300088455773
02/18/07--01001--017 **900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISCHER, GUY 7552 NAVARRE PKWY, SUITE 8 NAVARRE, FL 32566	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7552 NAVARRE PKWY., STE 42
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE: 2/1/07 DAYTIME PHONE: 850.939.1720