PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

97 MAR 10 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

pg 1 of 2.

APPLICATION ~~FOR~~ 96-9 ~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000054898 1996-1997

1. Corporation Name

Fiton 4 Less Inc ANNUAL REPORT

Principal Place of Business	Mailing Address
1321 E. Altamonte Dr Altamonte Springs, FL ~~32006~~ 32701	

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: SAME	Suite, Apt. #, etc.: SAME
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 7-25-94

5. FEI Number: 59-3258982 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	Lawrence Laverne Spayth	794 Birgham Pl	LK Mary FL
VICE PRES	Dixie Lorraine Spayth	"	" 32746
			000002110550--7 -03/11/97--01130--013 ****373.75 ****373.75
			A. Allen 3/10/97

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Lawrence Laverne Spayth 794 Birgham Pl LK Mary, FL 32746	Name: SAME Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, Etc.: City / State: FL / Zip Code:

CR2E040 (12/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Lawrence Laverne Spayth — Date: 2-13-97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: Lawrence Laverne Spayth — Lawrence Laverne Spayth — 2-13-97 — 407-331-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARCH 6, 1997

To Whom It May Concern:

We moved our bussiness location in 1996 from 954 E. Altamonte Dr to our present address at 1321 E. Altamonte Dr, Altamonte Springs, FL.

During this moving process we never did ~~not~~ receive last years notice. If so we would have complied.

I Am sending you the necessary things you asked for and your help in getting this matter straightened out would be greatly appreciated.

Thank You,

Dixie Spayth V.P. Futons 4Less