

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 19 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000065349

1. Corporation Name

Fehl-Safe Enterprises, INC

2. Principal Office Address

10715 Robinson Rd

3. Mailing Office Address

P.O. Box 334

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Myakka City, FL

City & State

Myakka City, FL 34251

Zip

34251

Country

Zip

Country

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

NOT APPLICABLE

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

Christopher L. Fehl

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

10715 Robinson Rd

Suite, Apt. #, Etc.

City

Myakka City

State

FL

Zip Code

34251

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

Christopher L. Fehl

Date 12-17-03

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	Fehl, Christopher L.	10715 Robinson Rd	Myakka City, FL 34251
S	Fehl, Jodel M.	10715 Robinson Rd	Myakka City, FL 34251

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:

Christopher L. Fehl

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-17-03 941-809-3713

Date

Daytime Phone #

CR2E081 (10/02)