

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 NOV -2 PM 5:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000066516

1. Corporation Name

Fantasy + Paux, Inc.

2. Principal Office Address

1750 JTC Blvd

Suite, Apt. #, etc.

#1

City & State

Naples, FL

Zip

34109

Country

US

3. Mailing Office Address

1750 JTC Blvd.

Suite, Apt. #, etc.

#1

City & State

Naples, FL

Zip

34109

Country

US

000061114470  
11/02/05--01031--004 \*\*158.75

REINSTATEMENT 05

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3355828

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

GUY R. DAVIS

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

5891 Barclay Lane

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34109

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

*Guy R. Davis*

REGISTERED AGENT MUST SIGN

Date

Nov 1 2005

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
Pres.	GUY DAVIS	5891 Barclay Ln.	Naples, FL 34109
VP	Frederick Guayardo	11670 Amanda Ln.	Bonita Springs, FL 34135
S	Jason Davis	1054 Illinois dr.	Naples, FL 34103
	<i>[Signature]</i>		

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)(f), 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:

*Guy R. Davis* Guy R. Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Nov 1 2005

Daytime Phone #

239-591-1810



MEMO

DATE: 11/01/2005  
TO: Department of State  
RE: Corporation Reinstatement  
FROM: Michele Simonds - Company Office Manager

MESSAGE:

Attached please find our Corporation Reinstatement form. We unfortunately never received information via the mail regarding filing. We have attached a check for the reinstatement and certificate of status. Please mail the certificate of status to the following address:

Fantasy and Faux, Inc.  
1750 J&C Blvd.  
Suite 1  
Naples, FL 34109

If you have any questions, please do not hesitate to call Michele Simonds at 239-591-1816