

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08-MAR-28 AM 8:46

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000068617

1. Corporation Name

FISHBONE FRED ENTERPRISES, INC.

2. Principal Office Address - No P.O. Box #

9045 LaFontana Blvd.

Suite, Apt. #, etc.

C-13

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

Boca Raton, FL

City & State

SAME

Zip

33487

Country

US

Zip

SAME

Country

SAME

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEL Number

65-0312200

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

Stanley E. Preiser

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

7256 Mandarin Drive

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33433

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Stanley Preiser

REGISTERED AGENT MUST SIGN

Date

3/26/08

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
DST	Terri Preiser	21391 Saw Mill Ct.	Boca Raton, FL 33498
DP	Fred Delp	21391 Saw Mill Ct.	Boca Raton, FL 33498
DVP	Jeffrey Schaefer	2956 BloomfieldPark Dr	W. Bloomfield, MI 48323
REINSTATEMENT 03-08			
100121546381			
03/28/08--01041--011 **2250.00			
B 4/2/08			

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 contained in Chapter 119, 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:

Terrie Preiser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/08

Date

561 4518110

Daytime Phone #