

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P96000076693**

1. Corporation Name

R.G. FLETCHER ENTERPRISES, INC.

Principal Place of Business

5995 PINE RIDGE ROAD
NAPLES FL 34119

Mailing Address

5995 PINE RIDGE ROAD
NAPLES FL 34119

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/13/1996

5. FEI Number

59-3400188

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
D	FLETCHER, ROBERT G	5995 PINE RIDGE ROAD	NAPLES FL 34119
D	EASTMAN, RONALD	4196 CORPORATE SQUARE	NAPLES FL 34104
D	LORIMER, JAMES J	7543 PINQUE DRIVE	WORTHINGTON OH 43085
D	MOBLEY, DAVID SR	10621 AIRPORT-PULLING ROAD NORTH	NAPLES FL 34109
D	SORRENTINO, ROBERT J	10621 AIRPORT-PULLING ROAD NORTH	NAPLES FL 34109

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~SORRENTINO, ROBERT J~~ **ROBERT G FLETCHER**
~~10621 AIRPORT-PULLING ROAD NORTH #3~~ **5995 PINE RIDGE RD**
~~NAPLES FL 34109~~ **NAPLES FL 34119**

Name **ROBERT G. FLETCHER**
Street Address (P.O. Box Number Is Not Acceptable)
5995 PINE RIDGE RD
Suite, Apt. #, Etc.

City **NAPLES**

State **FL**

Zip Code **34119**

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

Robert G Fletcher

REGISTERED AGENT MUST SIGN

Date

12/14/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(j), 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:

Robert G Fletcher **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/98
Date

Daytime Phone #

APPROVED
AND
FILED

98 DEC 22 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 97-98

CR2E040 (8/97)