

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	FLETCHER, ROBERT G	5995 PINE RIDGE ROAD	NAPLES FL 34119

200003029922--4
-11/01/99--01007--024
****158.75 ****158.75

LS

8. Name and Address of Current Registered Agent

FLETCHER, ROBERT G
5995 PINE RIDGE ROAD
NAPLES FL 34119

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 Fletcher Jr.
REGISTERED AGENT MUST SIGN

Date

10/18/99

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/18/99

Daytime Phone #



2

October 18, 1999

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

On October 14th my business manager, Lois Kluberdanz, spoke with Stacy an employee in your office. Ms. Kluberdanz explained to Stacy that an application for reinstatement had been received indicating that \$600 was due for the reinstatement fee due to late filing. It was explained to Stacy that this was the first application received and that the form for a timely filing was never received. Ms. Kluberdanz was directed by Stacy to pay the \$150 due for the Annual Report Fee and the Corporate Supplement Fee and to write this letter explaining why the payment was late. I personally review all the mail received every day and can verify that this is the first application that I received for paying this annual fee.

Thank you.

Very truly yours,

Robert G. Fletcher