## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION	
REINSTANCEMENT	

## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

P96000076693 DOCUMENT #

1. Corporation Name

R.G. FLETCHER ENTERPRISES, INC.

Principal Place of Business

Mailing Address

5995 PINE RIDGE ROAD

5995 PINE RIDGE ROAD



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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NAPLES FL 34119 NAPLES FL 34119 If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified
To Do Business in Florida 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 09/13/1996 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-3400188 City & State City & State Not Applicable \$8.75 Additional Fee required Zip Country Country Zip CERTIFICATE OF STATUS DESIRED 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) Name of Officers and/or Directors Street Address of Each City / State / Zip Officer and/or Director Title(s) FLETCHER, ROBERT G 5995 PINE RIDGE ROAD NAPLES FL 34119 D 000003496660---12/12/00--01032--015 \*\*\*\*158.75 \*\*\*\*158.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name FLETCHER, ROBERT G Street Address (P.O. Box Number is Not Acceptable) 5995 PINE RIDGE ROAD Suite, Apt. #, Etc. NAPLES FL 34119 Zip Code State ation, am familiar with and accept the obligations of Section 607,0505, F.S. 10. I, being appointed the re Signature of Registered Agent REGISTERED AGENT MUST SIGN 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 filling

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.

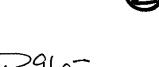
NAME OF SIGNING OFFICER OR DIRECTOR Pretche

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November 14, 2000

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, Florida 32314-6327

To Whom It May Concern:

My business manager, Lois Kluberdanz, spoke with Mr. Tom Scott an employee in your office today. Ms. Kluberdanz explained to Mr. Scott 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 Mr. Scott that this was the first application received and that the form for a timely filing was never received. Ms Kluberdanz was directed by Mr. Scott 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.

Robert G. Fletcher

President