

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUL 27 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000081628

1. Corporation Name

FULLER WARREN CHARTER SERVICES, INC

REINSTATEMENT 00-01

03/28/00 90052 012 \$158.75

2. Principal Office Address

800 South Orlando Avenue

Suite, Apt. #, etc.

2nd Floor

City & State

Maitland, Florida

Zip

32751

Country

USA

3. Mailing Office Address

C/O ALLIANCE TAX

Suite, Apt. #, etc.

31 HORSESHOE DR

City & State

HILLSBOROUGH, NJ

Zip

08844

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/2/96

5. FEI Number

59-3640992

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

MOYE, JAMES E

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

800 South Orlando Avenue

Suite, Apt. #, Etc.

2nd Floor

City

Maitland

State

FL

Zip Code

32751

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

REGISTERED AGENT MUST SIGN

Date

7/23/01

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
P	Mike Hillyer	1227 Parkway Dr	Mt Pleasant SC 29464
D	Walter Cestoni	4699 Lock Ridge Ct	Kennesaw, Ga 30152

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)(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:

Michael Hillyer MICHAEL HILLYER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/01
Date

(252) 4732159
Daytime Phone #