PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 DEC 30 PM 2:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT# P96000101091

1. Corporation Name
FISCHER PROCESSING INC

REINSTATEMENT 01-03

2. Principal Office Address	3. Mailing Office Address
10014 N. Dale Mabry Hwy	Same
Suite, Apt. #, etc.: 101	Suite, Apt. #, etc.
City & State: Tampa FL	City & State
Zip: 33618 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/13/1996

5. FEI Number: 59-3415939 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

832979

7. Name and Address of Current Registered Agent

Name: MERNA LEE FISCHER

Street Address (P.O. Box Number is Not Acceptable): 10014 N. Dale Mabry Hwy

Suite, Apt. #, Etc.: SUITE 100

City: TAMPA State: FL Zip Code: 33618

200025825812
12/30/03--01004--019 **150.00 150.00

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: Merna Lee Fischer Date: 12/24/03

REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

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
PRES	MERNA LEE FISCHER	4206 Meadow Hill Dr	Tampa FL 33624

[redacted]
12/30/03--01004--021 **600.00

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: Merna Lee Fischer 12/24/03 8133500105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #