

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

98192



98-00AR
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUL 19 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 997000004074

1. Corporation Name

FISCHER CONSULTANTS INTERNATIONAL
INC.

000003334720--4

-07/25/00--01038--019

****450.00 ****450.00

SP

2. Principal Office Address

3140 S. OCEAN DR.

Suite, Apt. #, etc.

#2409

City & State

HALLANDALE BEACH, FL

Zip

33009

Country

USA

3. Mailing Office Address

3140 S. OCEAN DR.

Suite, Apt. #, etc.

#2409

City & State

HALLANDALE BEACH, FL

Zip

33009

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-15-97

5. FEI Number

65-0724278

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

JAMES O. FISCHER

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

3140 S. OCEAN DR.

Suite, Apt. #, Etc.

#2409

City

HALLANDALE BEACH

State

FL

Zip Code

33009

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

JAMES O. FISCHER
REGISTERED AGENT MUST SIGN

Date 7-15-00

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.	JAMES O. FISCHER	3140 S. OCEAN DR #2409	HALLANDALE BEACH, FL

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: JAMES O. FISCHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES O. FISCHER

7-15-00

Date

Daytime Phone #

(954)
4561509

CR2E081 (9/99)

pg 292

Fischer Consultants International
3140 S. Ocean Drive Ste. 2409
Hallandale Beach, FL 33009
954-456-1509

July 15, 2000

Ms SPRATNER
Div. of CORPORATIONS
TALLAHASSEE, FL

Dear Ms SPRATNER:

BECAUSE OF THE CHANGE
OF ADDRESS FROM CORAL SPRINGS TO
HALLANDALE BEACH, I DID NOT RECEIVE
MY ANNUAL REPORT PAPERWORK. THEREFORE
PLEASE NOTE THIS WITH MY REINSTATEMENT
FEE CHECK FOR \$450.- PLEASE REINSTATE!

THANK YOU.

Sincerely,
James O. Fischer

James O. Fischer, Pres. Fischer Consultants Int'l, Inc.