## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORE

CORPORATION REINSTATEMENT	Katherine Harris Secretary of State Division of corporations	SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # 197000		TALLAHASSEE. FLORIDA
	Fedy Group, Inc.	
		5000070725259 -08/13/0201034007 ****750.00 *****750.00
2. Principal Office Address	3. Mailing Office Address	****750,00 ****750,00
101 West Main Street	101 West Main Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified
Suite 221 City & State	Suite 221 City & State	4. Date Incorporated or Qualified 8-11-97
Lakeland, FL-	- Lakeland, FL	5. FEI Number Applied For S9=3475596 Not Applicable
33815 Country U.S.A.	33815 Country U.S. A.	CERTIFICATE OF STATUS DESIRED   \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name D G	ivid Luft, P.E.	
Street Address (P.O. Box Number is Not Acceptable) 101 West Main Street		
Suite, Apt, #, Etc. 221		
- Lakeland		State Zip Code FL 33815
8. I, being appointed the registered agent of the ab	ove named corporation, am familiar with and accept the c	obligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent	REGISTERED AGENTMUST SIGN	Date _08/05/02
9. Names and Street Addresses of Each Officer and	nd/or Director (Florida nonprofit corporations must list at le	east 3 directors)
Fitles Name of Officers and/or Director		or City / State / Zip
Pres David Luft -	101 West Main. Lakeland, FL 3	3815 Lateland, FL 33815
V.P. Michael Marshman _ 546 Beimont Avenue West Kitchener, ontain		
V.P. Robert C: Cope	Lakeland, FL.	33815 Lukeland, FL 33815
Sec. David Luft	101 West Main. Lakeland FL 33	Street #221 3815 Lukeland, FL 33815
Treas David Luft Lukeland FL 33815 Lakeland FL 33815		
i tao		- 18 Sept. 18 Sept.
this reinstatement application, the reason for dis owed by the corporation have been paid and the on this application is true and accurate, and my SIGNATURE:	e names of individuals listed on this form do not qualify for signature shall have the same legal effect as if made und	provided for in chapter 607 or 617, F.S. I further certify that when filing is the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i), F.S. The information indicated er oath.
SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 🗸 Daytime Phone #

y 8/8/02



7/22/02

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Reinstatement for The Walter Fedy Group, Inc.

To Whom It May Concern:

Please find enclosed our application for reinstatement and our check #3302 dated 6/30/02 in the amount of \$750.00.

Please note we never received the Uniform Business Report for 1998. Therefore, we request that the reinstatement fee of \$600.00 be waived.

If you have any questions or require additional information, please contact me at (863) 682-8498.

Sincerely.

Colleen Masseo
Office Administrator

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me at (863) successor