

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
01 FEB 27 PM 2:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000106957

1. Corporation Name

Fugates, Inc.

2. Principal Office Address

428 4th Street, West

3. Mailing Office Address

P.O. Box 721

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA GRANDE, FL

City & State

BOCA GRANDE, FL

Zip

33921

Country

USA

Zip

33921

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/1997

5. FEI Number

65-0803578

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

Tobin B. Wiener

800003810908--0

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

2503 Briar Oak Circle

-03708701--01002--019

***1200.00 ***1200.00

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34232

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

Tobin B. Wiener

Date 2/23/01

REGISTERED AGENT MUST SIGN

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/T	Tobin B. Wiener	2503 Briar Oak Circle	SARASOTA, FL. 34232
V/S	Nancy J. Blank	2503 Briar Oak Circle	SARASOTA, FL 34232

REINSTATEMENT

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tobin B. Wiener

Date

2/23/01

Daytime Phone #

(941) 964-2323

CR2E081 (9/00)