

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 31 PM 12: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 98000060314

1. Corporation Name

Fletcher Holding Corporation

2. Principal Office Address

#951
1600 S Federal Hwy

3. Mailing Office Address

1600 S. Federal Hwy

Suite, Apt. #, etc.

951

Suite, Apt. #, etc.

951

City & State

Pompano Beach FL

City & State

Pompano Beach FL

Zip

33062

Country

USA

Zip

33062

Country

USA

REINSTATEMENT 99.00

4. Date Incorporated or Qualified
To Do Business in Florida

July 8, 1998

5. FEI Number

65-0934262

Applied

SP
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

Paul E. Fletcher

800003454498 3

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

1600 S. Federal Hwy

-11/07/00--01018--022
****750.00 ****150.00

Suite, Apt. #, Etc.

951

800003454498 3

-11/07/00--01018--023

City

Pompano Beach

State

FL

****8.75 ****8.75

33062

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

[Signature]

Date 10-30-00

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
<u>PRES</u>	<u>PAUL E. Fletcher</u>	<u>1600 S. Federal Hwy # 951</u>	<u>Pompano Bch FL 33062</u>
<u>Sec</u>	<u>PAUL E Fletcher</u>	<u>1600 S. Federal Hwy # 951</u>	<u>Pompano Bch FL 33062</u>
<u>Dir</u>	<u>PAUL E Fletcher</u>	<u>1600 S. Federal Hwy # 951</u>	<u>Pompano Bch FL 33062</u>
<u>Treas</u>	<u>PAUL E Fletcher</u>	<u>1600 S. Federal Hwy # 951</u>	<u>Pompano Bch FL 33062</u>

02/26/99 90011 009 150

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

Paul E. Fletcher President

Date

10-30-00 954-788-7070

Daytime Phone #

CR2E081 (9/99)