

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 27 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000085380

1. Corporation Name

Financial Fruitcakes, Inc.

~~W07000030249~~

2. Principal Office Address - No P.O. Box #
3033 Riviera Drive

3. Mailing Office Address

Suite, Apt. #, etc.
Suite 106

Suite, Apt. #, etc.

City & State
Naples, FL

City & State

Zip
34103

Country
US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida **10/5/98**

5. FEI Number
65-0981476

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
Michael J. Volpe

Street Address (P.O. Box Number is Not Acceptable)
711 5th Avenue S.

Suite, Apt. #, Etc.
Suite 201

City
Naples

State
FL

Zip Code
34102

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **6-14-07**

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	Raelyn Barlow	3033 Riviera Dr. #106	Naples, FL 34103
T	Jamie Litchfield	3033 Riviera Dr. #106	Naples, FL 34103
S	Niose Litchfield	3033 Riviera Dr. #106	Naples, FL 34103

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09/07/07--01017--014 **600.00

[Signature]

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 contained in Chapter 119, 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]

Niose Litchfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/07

Date

239-261-4800

Daytime Phone #