

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

152

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 23 AM 11:59

TALLAHASSEE, FLORIDA

DOCUMENT # **P98000094536**

1. Corporation Name

Fenwick + Fenwick, Inc.

100030902211
03/23/04--01026--004 **300.00

2. Principal Office Address

18766 Rio Vista Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

18766 Rio Vista Dr.

Suite, Apt. #, etc.

City & State

Tequesta FL

City & State

Tequesta FL

Zip

33469

Country

Zip

33469

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/9/1998

5. FEI Number

65-0875459

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

Scott A. Fenwick

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

18766 Rio Vista Dr.

Suite, Apt. #, Etc.

City

Tequesta

State
FL

Zip Code

33469

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]

REGISTERED AGENT MUST SIGN

Date

18. MARCH. 04

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	Scott A. Fenwick	18766 Rio Vista Dr.	Tequesta FL 33469

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] **SCOTT FENWICK**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

18. MARCH. 561.373.9317

Daytime Phone #

CR2E081 (01/04)

272

Fenwick & Fenwick, Inc.
Scott A. Fenwick
18766 Rio Vista Dr.
Tequesta, FL 33469
(561) 373-9317

To: Florida Department of State
Date: March 17, 2004
Re: Document # P98000094536
EIN: 65-0875459

Dear Secretary of State,

I am writing this letter to respectfully request that you waive the reinstatement fee for Fenwick & Fenwick, Inc. I did not receive the 2003 Annual Report. I was working in a remote area of Wyoming last year and had numerous problems receiving and sending mail through the US Postal Service.

I am enclosing a check for \$300.00 that covers the \$150.00 fee for 2003 as well as the \$150.00 fee for 2004.

Sincerely,



Scott A. Fenwick, Registered Agent