

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 24 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000105102

**1. Corporation Name**

Fitzpatrick Consulting, Inc

**REINSTATEMENT** 02-03

800016965278  
04/24/03--01069--008 \*\*908.75

**2. Principal Office Address**

2825 N University Dr

Suite, Apt. #, etc.

# 225

**3. Mailing Office Address**

2825 N University Dr

Suite, Apt. #, etc.

# 225

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33071

Country

USA

Zip

33071

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1998-12-18

**5. FEI Number**

593542235

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

Russell Fitzpatrick

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

4974 NW 119 Terrace

Suite, Apt. #, Etc.

City

Coral Springs,

State  
FL

Zip Code

33076

**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

4/17/03

**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
Pres	Russell Fitzpatrick	4974 NW 119 Terr.	Coral Springs, FL 33076

**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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03

Date

954 345-7221

Daytime Phone #

js 4/25