

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P99000007818**

1. Corporation Name

**David Fitzer & Associates, Inc.**

2. Principal Office Address

**931 Palm Trail**

3. Mailing Office Address

**931 Palm Trail**

Suite, Apt. #, etc.

**#2**

Suite, Apt. #, etc.

**#2**

City & State

**Delray Beach, FL**

City & State

**Delray Beach**

Zip

**33483**

Country

**USA**

Zip

**FL**

Country

**33483**

**REINSTATEMENT**

**03-04**

4. Date Incorporated or Qualified  
To Do Business in Florida

**1/22/99**

5. FEI Number

**65-0887415**

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

**David Fitzer**

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

**931 Palm Trail**

Suite, Apt. #, Etc.

**#2**

City

**Delray Beach**

State

**FL**

Zip Code

**33483**

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

*David Fitzer*

REGISTERED AGENT MUST SIGN

Date **11/5/04**

**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
<b>P-</b>	<b>David Fitzer</b>	<b>931 Palm Trail #2</b>	<b>Delray Beach, FL 33483</b>

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:

*David Fitzer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/5/04**

Date

**561-330-0381**

Daytime Phone #

APPROVAL  
AND  
FILED

04 NOV -9 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CH2E081 (01/04)

PS 2 92

November 5, 2004

To: The Department of Corporations  
Fr: David Fitzer

RE: Reinstatement of the corporation known as David Fitzer & Associates.

To whom it may concern:

On November 5, 2004 I was notified that my corporation, known as David Fitzer & Associates was inactive with the Florida Department of corporations. I was only notified of this because I am attempting to purchase a new home and the lender was verifying my employment.

The reason why the State of Florida dissolved the corporation is because they did not receive a renewal form and payment of \$150.00 from me.

This occurred because I never received the renewal notification notice. As you can see on your report, the principal address is stated as 431 Palm Trail # 2 in Delray Beach, Florida. This address is not correct. My correct address is 931 Palm Trail # 2 in Delray Beach, Florida. I have been incorporated for five years and I have always received my renewal notice. I don't understand how this could have happened.

I would like my corporation reinstated as soon as possible and all late fees waived.

I am enclosing a check for \$300.00 and my reinstatement form.

Please contact me at 561-330-0381 if there are any questions.

Sincerely,

David Fitzer

