

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000063874

1. Corporation Name

FP & P Enterprises Inc.

1674 N Hwy 41
1230 Lowell Ter

2. Principal Office Address

1674 N Hwy 41

3. Mailing Office Address

1230 Lowell Ter

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Inverness, FL

City & State

Inverness, FL

Zip

34453

Country

USA

Zip

34452

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 7/14/1999

5. FEI Number

59-3611253

☒ 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

Frank Pirrone

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

1230 Lowell Ter

Suite, Apt. #, Etc.

City

Inverness

State

FL

Zip Code

34452

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 5/20/2004

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
P/T	Frank Pirrone	1230 Lowell Ter	Inverness, FL 34452
S	Phyllis Dohmyer	1635 N Puffin Trail	Inverness, FL 34453

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]

5/20/2004

352-344-4545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
04 JUN -2 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

000037569700
06/02/04--01013--001 **450.00

CR2E001 (01/04)

**BOTTOM LINE
BOOKKEEPING &
TAX SERVICE, INC.**

111 W. MAIN STREET
INVERNESS, FL 34450
352-637-1122
352-637-4909--fax

1/12/02

May 27, 2004

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: FP&P Enterprises, Inc.

Dear Sir or Madam:

This office has been asked to assist the above named taxpayer in reference to their annual reports for 2002, 2003, and 2004.

It appears that our client does not recall receiving the annual reports and was also under the impression that his former accountant was handling this report. Furthermore, he thought that the fees that were paid to this accountant included any fees that would cover the renewal. It was not until his bank did recently notify him that he was aware that the corporation renewal fees for the years in question had not been paid.

He never received notice from the State of Florida that he was in arrears, nor did he ever receive notice from the state that his corporation had become inactive.

In view of this, we are asking that you waive the reinstatement fee. A check in the amount of \$450.00 is enclosed to cover the renewal fees for the past three years.

Your attention and consideration of this unfortunate situation is greatly appreciated.

Sincerely,



R.A. Cohen

Public Accountant for FP&P Enterprises, Inc.