

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT #

591139

1. Corporation Name

Fabre Enterprises Inc.

REINSTATEMENT

94-00

2. Principal Office Address

104 Foxfire Lane

Suite, Apt. #, etc.

City & State

East Palatka, Florida

Zip

32131

Country

USA

3. Mailing Office Address

104 Foxfire lane

Suite, Apt. #, etc.

City & State

East Palatka, Florida

Zip

32131

Country

USA

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

1991

5. FEI Number

59-3089427

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

Betty Lee

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

104 Foxfire Lane

Suite, Apt. #, Etc.

City

East Palatka

State

FL

Zip Code

32131

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

Betty Lee

REGISTERED AGENT MUST SIGN

Date **3-25-00**

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	James A. Cooper	104 Foxfire Lane	East Palatka FL 32131

100003217591--0
-04/21/00--01004--002
*****1693.75 ***1650.00**

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:

James A. Cooper

James A Cooper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/20/00 SP

Daytime Phone #

3-25-00

904-325-6120

CR2E081 (9/99)