PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99 AR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 14 PM 2:53

DOCUMENT # P96000014072

1. Corporation Name

STEVE FRALEY, INC.

Principal Place of Business	Mailing Address
~~426 E. 6TH AVE~~ ~~TALLAHASSEE FL 32303~~ ~~US~~	P O BOX 13961 TALLAHASSEE FL 32317 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc. 3526 TRILLIUM CT.		Suite, Apt. #, etc.	
City & State TALLAHASSEE, FL		City & State	
Zip 32312	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/12/1996

5. FEI Number: 59-3362714 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	FRALEY, STEVE	426 E. 6TH AVE	TALLAHASSEE FL 32303

300003018723--8
-10/13/99--01073--018
****400.00 ****400.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
FRALEY, STEVE ~~426 E. 6TH AVE~~ 3526 TRILLIUM CT. ~~TALLAHASSEE FL 32303~~ TALLAHASSEE, FL 32312	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State (FL) / Zip Code

CR2E040 (8/99)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Steve Fraley (CORRECTED) Date: 10/11/99
REGISTERED AGENT MUST SIGN

11. 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.

AW

SIGNATURE: Steve Fraley (Steve Fraley) 10/11/99 850-878-1474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #