

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED

2016 OCT 18 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000041269**

1. Corporation Name
FRI-REAL, Inc.

2. Principal Office Address - No P.O. Box #
1115 Cheetah Trail

3. Mailing Office Address **P.O. Box 195033**

City & State
Winter Springs FL

City & State
Winter Springs FL

Zip
32708

Country
USA

Zip
32719-5033

Country
USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
MAY 1, 1998

5. FET Number
59-351-8760

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
Ellen Freytag

Street Address (P.O. Box Number is Not Acceptable)
1115 Cheetah Trail

Suite, Apt. #, Etc.

City
Winter Springs

State
FL

Zip Code
32708

100291340291
10/18/16--01004--019 **1750.00

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 **Ellen Freytag** Date **10-13-16**

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
CEO Pres.	Ellen Freytag	1115 Cheetah Tr	Winter Springs
Director	David Freytag	"	FL 32708
Director	Wendy JORNOD	759 S. Lake Dr	Oviedo 32744
Director COO	John JORNOD	Jessup Ave	FL 32765

10. E-mail Address: **ellrefreytag@hotmail.com**
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: **Ellen Freytag** Date **10-13-16**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Can you please send a reminder to P.O. Box?

Rg 10/18/16