

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


APPROVED:
AND
FILED

1 of 2

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
1998-2001
UBR



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

DOCUMENT # S75298

1. Corporation Name
F & R INSURANCE AGENCIES INC.

2. Principal Office Address
330 NE 39th AVE
Suite, Apt. #, etc.
B
City & State
GAINESVILLE, FL.
Zip
32609
Country
Alachua

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
City & State
Zip
Country

VA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59-3081188
Applied For
Not Applicable

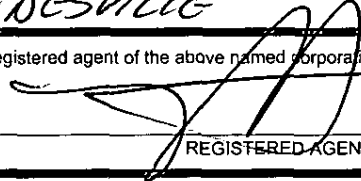
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Nirio J. Rubiera
800003912158-9
Street Address (P.O. Box Number is Not Acceptable)
3828 NW 65th AVE
-03/27/01 01059-014
Suite, Apt. #, Etc.
****600.00 ****800.00

City
GAINESVILLE
State
FL
Zip Code
32653

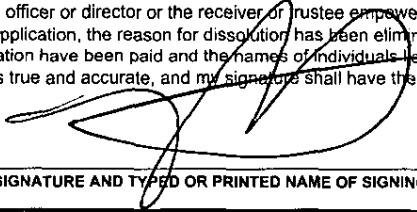
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date 3-15-00
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	Nirio J. Rubiera	3828 NW 65th AVE GAINESVILLE, FL 32653	GAINESVILLE, FL, 32653

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:  Date 3-15-00 Daytime Phone # 352-756-8960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED81 (9/00)

F&R INSURANCE AGENCIES INC.
330 NE. 39th AVE. Suite B
GAINESVILLE, FL. 32609

March 15, 2001

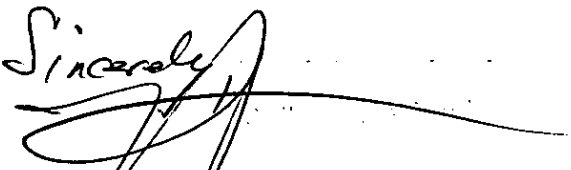
DIVISION OF CORPORATIONS
P.O. BOX 6327
Tallahassee, FL. 32314

DEAR FRIEND,

This letter is intended to relate the facts as to the missed payment of the Annual Reports AND the subsequent cancellation of F&R Insurance Corp. Inc. with tax identification number 59-3391188.

The corporation above moved to a new location and is no longer headquartered at 3900 N. Main St. I did not receive the 1998 and continuing years due to our moving. We notified the Department of this but apparently this request was not received by your office.

I have received lawsuit documents and I have begun to handle all administrative duties for the company stated above. At this time I realized of the dissolution by a mailing mistake and would like to reinstate with a smaller fee than currently required.

Sincerely,

Mirjo J. Ruzicka, President