PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAR 24 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H59581

1. Corporation Name
FRYE INVESTMENT CORPORATION

00-03 UBR

2. Principal Office Address	3. Mailing Office Address
5129 CASTELLO DR.	5129 CASTELLO DR.
Suite, Apt. #, etc SUITE 3	Suite, Apt. #, etc. SUITE 3
City & State NAPLES, FL	City & State NAPLES, FL
Zip / Country 34103 / COLLIER	Zip / Country 34103 / COLLIER

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59-2576814
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.25 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
EARL L. FRYE

Street Address (P.O. Box Number is Not Acceptable)
5129 CASTELLO DR.

000014561220
03/24/03--01095--005 *1050.00

Suite, Apt. #, Etc.
SUITE 3

City
NAPLES

State
FL

Zip Code
34103

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
Earl L. Frye
REGISTERED AGENT MUST SIGN

Date 3/19/03

CR2E041 (10/02)

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
OP	EARL L. FRYE	5129 CASTELLO DR. STE. 3	NAPLES, FL 34103

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: Earl L. Frye 3/19/03 239-643-5003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #