PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV 15 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J14974

1. Corporation Name

R. FRY BUILDERS, INC.

Principal Place of Business	Mailing Address
~~3210 JUANITA BLVD~~ ~~CAPE CORAL FL 33909~~ US	R. FRY BUILDERS INC ~~3210 JUANITA BLVD~~ 3239 JUANITA BLVD. ~~CAPE CORAL FL 33909~~ CAPE CORAL, FL 33993

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. 3239 Juanita Blvd	Suite, Apt. #, etc. 3239 Juanita Blvd
City & State Cape Coral Fla	City & State Cape Coral, Fl.
Zip 33993 Country	Zip 33993 Country

4. Date Incorporated or Qualified To Do Business In Florida: 05/20/1986

5. FEI Number: 59-2705359 — 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
DP	FRY, RANDY A.	~~3210 JUANITA BLVD~~	CAPE CORAL FL
DST	FRY, CONNIE D.	~~3210 JUANITA BLVD~~	CAPE CORAL FL
			400003050224--5 -11/19/99--01091--018 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

CATZ, ROCHELLE Z.
6361 PRESIDENTIAL CT
SUITE A
FT. MYERS FL 33919

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (6/99)

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: Randy A. Fry Jr. — REQUIRED — REGISTERED AGENT MUST SIGN — Date 11/05/99

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.

SIGNATURE: Connie D Fry — REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 10/14/99 — 941-772-2666 Daytime Phone #