

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2006 JUL 13 PM 4:15

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # **L 23 985**

1. Corporation Name  
**FRAGILE CONCEPTS, INC.**

2. Principal Office Address: **5872 PARSONS RD** Mailing Office Address: **N/A**  
Suite, Apt. #, etc.

City & State: **MILTON FL** City & State: **FL 32570**  
Zip: **32570** Country: **USA** Country:

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida: **10/18/1989**

5. FEI Number: **59-3012604** 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: **W. RONALD TUCKER**  
Street Address (P.O. Box Number is Not Acceptable): **5872 PARSONS RD**  
Suite, Apt. #, Etc.: **MILTON, FL 32570**  
City: **MILTON, FL** State: **FL** Zip Code: **32570**

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: **W. Ronald Tucker** Date: **07/13/06**  
(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
<b>PREY CEO</b>	<b>W. RONALD TUCKER</b>	<b>5872 PARSONS RD</b>	<b>MILTON, FL 32570</b>

**900077727019**  
**07/19/06--01045--009 \*\*908.75**

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 contained in Chapter 119, F.S. The information provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **W. Ronald Tucker** **W. RONALD TUCKER** Date: **07/13/06** Daytime Phone #: **623 985 989**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TO WHOM IT MAY CONCERN

I AM PRESIDENT/CEO OF FEASIBLE  
CONCEPTS, INC. I DID NOT  
RECEIVE ANY ANNUAL REPORT  
NOTICES FROM 2018 TO  
THIS DATE.

W. RONALD TUCKER, PRES/CEO  
W. RONALD TUCKER  
PRES./CEO