

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 17 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L 97453**

1. Corporation Name

Fries and Associates, Inc.
L97453

2. Principal Office Address

2515 Crescent Pointe Court

Suite, Apt. #, etc.

City & State

Windermere, Florida

Zip

34786

Country

USA

3. Mailing Office Address

2515 Crescent Pointe Court

Suite, Apt. #, etc.

City & State

Windermere, Florida

Zip

34786

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

August 30, 1990

5. FEI Number

65-0219278

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-03

7. Name and Address of Current Registered Agent

Name

Gary D. Fries

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

2515 Crescent Pointe Court

Suite, Apt. #, Etc.

City

Windermere

State

FL

Zip Code

34786

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

Gary D. Fries

REGISTERED AGENT MUST SIGN

Date September 15, 2003

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	Gary D. Fries	2515 Crescent Pointe Court	Windermere, Florida 34786

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:

Gary D. Fries Gary D. Fries

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 15, 20 (407)909-0006

Date

Daytime Phone #

CR2E081 (10/02)

sh 9/18