## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name

FRYE TRUCKING, INC.

Principal Place of Business

Mailing Address

210 55TH AVE TER W BRADENTON FL 34207

210 55TH AVE TER W BRADENTON FL 34207 FILED

03 OCT 27 AMII: 58

SECTETARY OF STATE TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable							2 Wirk		
New Principal Office Address, If Applicable     3. New Ma				ling Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt. #, etc.			Suite, Apt. #, etc.		05/30/2000  5. FEI Number				
City & State			City & State			5. FEI Number	65-0497587	<u> </u>	Applied For
						6.		69.75	Not Applicab
Zip Country		Zip		Country	CERTIFICATE OF STATUS DESIRED 68.75 Additional Fee rec				
'. Names	and Street Add	dresses of Each Officer an	d/or Director (Fk	orida nonpro	fit corporations must list at le	ast 3 directors)			
Title(s)	Name of Officers and/or Directors			3	Street Address of Eac Officer and/or Directo		City / State / Zip		
PD	FRYE, DONALD			210 55TH AVE TER W			BRADENTON FL 34207		
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						•			
				<u> </u>					
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
					Name	Name			
YANCHEK, JOHN A ESQ					Street Address (P.O. Box Number is Not Acceptable)				
1819 MAIN STREET SUITE 500					·	·			
SARASOTA FL 34236				Suite, Apt. #, Etc.		C.			
					City		T	State Zip Co	ode
					amiliar with and accept the c		007.0505.50	FL	

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:

Signature of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

10-22-03

941 755- 6950

Daytime Phone #