

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN -9 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000089650

1. Corporation Name

Frederick Funk Enterprises, Inc.

2. Principal Office Address - No P.O. Box #
24729 Harbour View Dr

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

United States

3. Mailing Office Address

24729 Harbour View Dr

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

United States

10015684051 1
06/09/09--01002--009 **1350.00

REINSTATEMENT 01-09

4. Date Incorporated or Qualified
To Do Business in Florida 09/21/2000

5. FEI Number
54-2099578

☐ 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
David P Barley, Sr., CPA

Street Address (P.O. Box Number is Not Acceptable)
4651 Salisbury Rd.

Suite, Apt. #, Etc.
Suite 330

City
Jacksonville

State Zip Code
FL 32256

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

David P Barley, Sr., CPA

REGISTERED AGENT MUST SIGN

Date 6/3/09

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	Frederick Funk	24729 Harbour View Dr	Ponte Vedra Beach, FL 32082
VP/S/T	Sharon Funk	24729 Harbour View Dr	Ponte Vedra Beach, FL 32082

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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharon Funk; VP/S/T

Date

5.28.09

904.694.4272

Daytime Phone #