

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 26 PM 4: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000006620**

1. Corporation Name

David Fry Enterprises Inc.

2. Principal Office Address

490 N. Sundance Dr.

3. Mailing Office Address

490 N. SUNDANCE Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Mary, FL

City & State

Lake Mary, FL

Zip

32746

Country

USA

Zip

32746

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/10/02

5. FEI Number

01-0571133

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 Fry

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

490 N. Sundance Dr.

Suite, Apt. #, Etc.

City

Lake Mary

State

FL

Zip Code

32746

8. If 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

Date

1-23-03

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
P/D	David Fry	490 N. Sundance Dr.	Lake Mary, FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-23-04

Daytime Phone #

(321) 689-3620

CR2E081 (10/02)

CB