


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000095116		
1. Entity Name FRIESON DEVELOPMENT GROUP INC		

Principal Place of Business 2197 KHAKI CT MIDDLEBURG, FL 32068	Mailing Address 2197 KHAKI CT MIDDLEBURG, FL 32068
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2. Principal Place of Business - No P.O. Box # 2197 Khaki	3. Mailing Address 2197 Khaki CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Middleburg FL	City & State Middleburg FL
Zip 32068	Zip 32068
Country FL	Country U.S.A.

FILED
07 DEC -6 AM 11:47
SECRETARY OF STATE
12/06/07
TALLAHASSEE FL 32399-0001



12062007 REIN-P CR2E098 (1/07)

4. FEI Number 20-8686938	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FRIESON, WARREN D 2197 KHAKI CT MIDDLEBURG, FL 32068	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Warren D. Frieson* DATE 12/06/2007

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P FRIESON, WARREN D 2197 KHAKI CT MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<i>12/06/07 0104/1 JOB \$1272.50</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VP HUGHLEY, JEFFERY L 2197 KHAKI CT MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	REINSTATEMENT 2007. <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Warren D. Frieson* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____