

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE <b>Glenda E. Hood</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P32572</b>		<b>FILED</b> 03 DEC 27 AM 12:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name <b>FRIGETTE CORPORATION</b>			
Principal Place of Business <b>PO BOX 168 FORT WORTH TX 76101</b>		Mailing Address <b>5100 WEST HANNA AVE TAMPA FL 33634</b>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida <b>01/23/1991</b>	
		5. FEI Number <b>75-2329045</b>	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
C	HICKMAN, HOLT	PO BOX 168	FORT WORTH TX 76101
DP	HICKMAN, BRAD	PO BOX 168	FORT WORTH TX 76101
S	BILLS, JOHN	PO BOX 168	FT WORTH TX 76101
8. Name and Address of Current Registered Agent <b>BILLS, JOHN G 5100 WEST HANNA AVE TAMPA FL 33634</b>		9. Name and Address of New Registered Agent <b>REINSTATEMENT 03</b>	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code <b>FL</b>
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.			
Signature of Registered Agent <i>John G. Bills</i>		Date <b>12/12/03</b>	
REGISTERED AGENT MUST SIGN			
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: <i>John G. Bills</i>		Date <b>10/17/03</b> Daytime Phone # <b>817-298-5813</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E040 (7/03)