


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 02 MAR 21 AM 10:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P 930000 84391

1. Corporation Name
JOHN PAUL ENTERPRISES INC

2. Principal Office Address
8047 ISLAND DRIVE

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State
PORT RICHEY FL

Zip Country
34668 PASCO

4. Date Incorporated or Qualified To Do Business in Florida
12-09-93

5. FEI Number
59 32113545

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

01-02

7. Name and Address of Current Registered Agent

Name
PAUL A. FRICCHIONE

Street Address (P.O. Box Number is Not Acceptable)
8047 ISLAND DRIVE

Suite, Apt. #, Etc.
200005236482-3

City
PORT RICHEY

State Zip Code
FL 34668

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
Paul A. Fricchione

REGISTERED AGENT MUST SIGN

Date
3/15/02

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
PRES.	PAUL A. FRICCHIONE	8047 ISLAND DR	PORT RICHEY FL 34668
SECU	JOHN FERDINAND	5040 WATERSIDE DR	PORT RICHEY FL 34668

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: Paul A. Fricchione PAUL A. FRICCHIONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
3/15/02

Daytime Phone #
727 845-8256

CR2E081 (9/01)

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John Paul Enterprises, Inc.
8047 Island Dr.
Port Richey, Fl. 34668

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March 14, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Corporation Reinstatement #59-3213545

To Whom It May Concern:

Please be advised we have not received any renewal certificate for 2001 and 2002. We sent in a change of address, but our new address may have been overlooked. Since incorporating approximately 10 years ago, we have always paid all our corporations fees and sales tax obligations before time.

I would truly appreciate consideration given to waving of any late charges. Enclosed please find a check for \$300.00 covering 2001 and 2002 as instructed. Thanks for your consideration as we can surely use it.

Respectfully,



Paul A. Fricchione
President

Please note correct address and send reply to:
Mr. Paul A. Fricchione
% John Paul Enterprises
8047 Island Dr.
Port Richey, Florida 34668