

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 APR -9 AM 9:23

DOCUMENT # **A94000046969**

1. Corporation Name

C & K FRITS COMPANY, INC

2. Principal Office Address

140 MAGNOLIA ST

Suite, Apt. #, etc.

City & State

ATLANTIC Bch, FL

Zip

32233

Country

USA

3. Mailing Office Address

140 MAGNOLIA ST

Suite, Apt. #, etc.

City & State

ATLANTIC Bch, FL

Zip

32233

Country

USA

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3252816

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

Stefani K. Nolan

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

9951 ATLANTIC Blvd,

Suite, Apt. #, Etc.

417

City

Jacksonville

State
FL

Zip Code

32225

400004035094-0
-04/20/01--01010--024
******750.00 ****750.00**

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

Stefani Nolan

REGISTERED AGENT MUST SIGN

Date **4/4/01**

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
President	CHARLES W FRITS JR	140 MAGNOLIA ST	ATLANTIC Bch, FL- 32233
V. President	KARL W. J. FRITS	140 MAGNOLIA ST	ATLANTIC Bch, FL 32233
			AD

3/12/01 90450 021 150.00

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:

Karl W. J. Frits
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-4-01

Daytime Phone #

(904) 247-1225

CR2E081 (9/00)