

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY 17 PM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

FRIBRI INC

2. Principal Office Address

5902 SKIMMER POINT BLVD  
GULFPORT, FL 33707

3. Mailing Office Address

5902 SKIMMER PT BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GULFPORT FL

City & State

GULFPORT FL

Zip

33707

Country

USA

Zip

33707

Country

USA

300029751803

03/26/04--01079--028 \*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

SEP. 1994

5. FEI Number

59-3288452

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

~~FRIBRI INC~~ BRIAN S. MORTON-HICKS

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

5902 SKIMMER POINT BLVD AS ABOVE

Suite, Apt. #, Etc.

City

GULFPORT

State

FL

Zip Code

33707

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

Brian S. Morton Hicks

REGISTERED AGENT MUST SIGN

Date

2/27/04

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.	CAROLINE M. MORTON-HICKS	5902, SKIMMER PT. BLVD	GULFPORT, FL. 33707
SEC.	BRIAN S. MORTON-HICKS	5902, SKIMMER PT. BLVD	GULFPORT, FL. 33707

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:

Brian S. Morton Hicks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/27/04

Daytime Phone #

727-345-6262

CR2E081 (10/02)

232

# FRIBRI INC.

5902 Skimmer Point Blvd  
GULFPORT  
FL. 33707  
(727) 345 6262

FLORIDA DEPARTMENT OF STATE  
REINSTATEMENT SECTION  
DIVISION OF CORPORATIONS  
P.O. Box 6327,  
TALLAHASSEE,  
FL. 32314

MAY 13<sup>TH</sup> 2004

Dear Sir,

TO WHOM IT MAY CONCERN

Further to our telephone conversation today, I am enclosing the CORPORATION REINSTATEMENT DOCUMENT correctly signed together with the request to reinstate FRIBRI INC. ~~and~~ per the enclosed letter from Justin M. Shivers dated March 15<sup>TH</sup> 2004.

I understand you have evidence that we never received the renewal application for the applicable year, and now are able to reinstate the above named company.

Faithful  
S. Morton-Hall

8-21-2004-141005