

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION REINSTATEMENT</p>		<p>FILED JUL 16 PM 6:27 TALLAHASSEE, FLORIDA</p>																																	
<p>DOCUMENT # <u>P95000017527</u></p>																																			
<p>1. Corporation Name <u>FRIES MANAGEMENT, INC</u></p>																																			
Principal Place of Business		Mailing Address																																	
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>																																			
<p>2. New Principal Office Address, If Applicable <u>12356 N. MESQUITE CREST WAY</u> Suite, Apt. #, etc.</p>		<p>3. New Mailing Office Address, If Applicable <u>410 WILLIAM PLATZER</u> Suite, Apt. #, etc. <u>300 S PINE ISLAND RD. #110</u> City &amp; State <u>PLANTATION, FL</u></p>																																	
<p>City &amp; State <u>ORO VALLEY, AZ</u> Zip <u>85737</u> Country <u>U.S.A.</u></p>		<p>City &amp; State <u>PLANTATION, FL</u> Zip <u>33324</u> Country <u>U.S.A.</u></p>																																	
4. Date Incorporated or Qualified To Do Business in Florida		<p><u>3/3/95</u></p>																																	
5. FEI Number		<p><u>65-0571325</u></p>																																	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		<p><input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																																	
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">1</th> <th style="width:30%;">2</th> <th style="width:30%;">3</th> <th style="width:30%;">4</th> </tr> <tr> <th>Title(s)</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P, S, T</td> <td>NICOLE A. HOLSTEIN</td> <td>12356 N. MESQUITE CREST WAY</td> <td>ORO VALLEY, AZ 85737</td> </tr> <tr> <td>VP</td> <td>MARY A. FARRELL</td> <td>x 375 Heatherly Heights Rd.</td> <td>x SALUDA, NC 28773</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				1	2	3	4	Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	P, S, T	NICOLE A. HOLSTEIN	12356 N. MESQUITE CREST WAY	ORO VALLEY, AZ 85737	VP	MARY A. FARRELL	x 375 Heatherly Heights Rd.	x SALUDA, NC 28773																
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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent																																	
<p>Nicole A. Holstein 12356 N. MESQUITE CREST WAY ORO VALLEY, AZ 85737</p>		<p>William PLATZER Street Address (P.O. Box Number is Not Acceptable) <u>300 SOUTH PINE ISLAND ROAD</u> Suite, Apt. #, Etc. <u>STE. 110</u> City <u>PLANTATION</u> State <u>FL</u> Zip Code <u>33324</u></p>																																	
<p>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.</p> <p>Signature of Registered Agent <u>[Signature]</u> Date <u>7/6/99</u></p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																																			
<p>11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax)</p>																																			
<p>12. 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)(j), 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.</p>																																			
<p>SIGNATURE: <u>Nicole A. Holstein Pres.</u> x <u>7/6/99</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Nicole A. Holstein, PRESIDENT</u> Date Daytime Phone #</p>																																			

CR2E001 (12/98)

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**Fries Management Inc.**

12356 N. Mesquite Crest Way, Oro Valley, AZ 85737

July 06, 1999

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

RE: Fries Management, Inc.  
Number P95000017527

To Whom It May Concern:

Please find enclosed a check in the amount of \$465 to reinstate the above corporation. The fees enclosed are \$165 for 1997, \$150 for 1998 and \$150 for 1999. I am a lay person and inadvertently overlooked the filing of these corporate annual reports.

I respectfully request abatement of the reinstatement fee due to the following reasons:

1. I moved several times during the past few years and the corporate annual report form was not forwarded to me by the post office.
2. The other officer reflected on the corporate annual report had a correct current address and was not notified.
3. I have otherwise always maintained an excellent compliance record with the State of Florida and the Internal Revenue Services.

Thank you in advance for your consideration.

Sincerely,

  
Nicole Holstein  
President