

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR ⁹⁹98
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000053806

1. Corporation Name

FRED VENTURES, INC.

Principal Place of Business

1253 LITTLE OAK CR.
TITUSVILLE FL 32780

Mailing Address

1253 LITTLE OAK CR.
TITUSVILLE FL 32780

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/25/1996

5. FEI Number

59-3380295

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MCKAIGE, GEORGE T III	1802 NORTH LAUREL OAK DRIVE	ROCKLEDGE FL 32955
D	MCKAIGE, SCOTT J	1802 NORTH LAUREL OAK DRIVE	ROCKLEDGE FL 32955
			200802742062-7 -01/14/99--01091--004 ****900.00 ****900.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

MCKAIGE, GEORGE T III
1802 NORTH LAUREL OAK DRIVE
ROCKLEDGE FL 32955

9. Name and Address of New Registered Agent

Name
SCOTT MCKAIGE
Street Address (P.O. Box Number is Not Acceptable)
1253 little oak cr.
Suite, Apt. #, Etc.
City
Titusville
State
FL
Zip Code
32780

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 1-5-99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

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)(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

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99
Date

(800)797-4355
Daytime Phone #

CR20040 (9/88)