

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P97000023500

1. Corporation Name

FREDRIKSEN GROUP, INC.

Principal Place of Business

Mailing Address

518 HICKORYWOOD LANE ALTAMONTE SPRINGS FL 32714

518 HICKORYWOOD LANE ALTAMONTE SPRINGS FL 32714



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

4. Date Incorporated or Qualified To Do Business in Florida

03/17/1997

15640 Kensington Tr. Box 1162722

Suite, Apt. #, etc.

5. FEI Number

59-3439129

Applied For

Not Applicable

City & State

Clermont, FLORIDA

City & State

Zip Country

34711

Zip Country

32716-2722

6. CERTIFICATE OF STATUS DESIRED [X] \$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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes handwritten entries for Fredriksen, Oystein and a large handwritten number 200003165852-7.

8. Name and Address of Current Registered Agent

FREDRIKSEN, OYSTEIN 703 GLASGOW COURT WINTR SPRINGS FL 32708 15640 Kensington Tr. Clearmont, FL 34711

9. Name and Address of New Registered Agent

Form for New Registered Agent with fields for Name, Street Address, Suite, Apt. #, Etc., City, State (FL), and Zip Code.

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.

Signature of Registered Agent [Signature] REGISTERED AGENT MUST SIGN

Date 2/2-2000

11. 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/2-2000 Daytime Phone # 407-963-9080

04/30/99 90120 039 150-0

CR2E040 (8/99)

Fredriksen Group Inc.

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. BOX 6327
Tallahassee, FL 32314-6327

Date: February 15, 2000

To Whom It May Concern:

I filled out the papers for my company and sent them in exactly when i was supposed to. Along with the papers I sent check number 1224 and mailed both April 26, 1999. I was in Norway from October 1999 until February 2000. When I called the department I was told something was wrong with the paperwork. Apparently I filled out something incorrectly and the paperwork was sent back to me, minus the check, which had been deposited and had cleared my bank.

The paperwork never made it back to me, and now I am told that there will be a reinstatement fee, which I do not feel is fair and should not have to pay.

Corporation Name: **FREDRIKSEN GROUP, INC.**

Document Number: **P97000023500**

Sincerely,

Øystein Fredriksen
President