

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000072421

1. Corporation Name

FRIERDICH CONSTRUCTION, INC.

FILED

02 JUL -1 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



01-02

Principal Place of Business

Mailing Address

~~433 E. GOVERNMENT~~
~~PENSACOLA FL 32501~~

6308 N. DAVIS HWY
PENSACOLA FL 32504

~~433 E. GOVERNMENT~~
~~PENSACOLA FL 32501~~

6308 N. DAVIS

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

6308 N. DAVIS HWY

6308 N. DAVIS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

PENSACOLA FL

Zip

32504

Country

ESCAMBIA

Zip

32504

Country

ESCAMBIA

4. Date Incorporated or Qualified
To Do Business in Florida

08/14/1998

5. FEI Number

59-3383126

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FRIERDICH, PAUL	325 N MAIN	COLUMBIA IL 62236
D	FRIERDICH, CHRISTINA	1200 FT PICKENS RD #12F	PNS BEACH FL 32561
D	FRIERDICH, ALICE	325 N MAIN	COLUMBIA IL 62236
D	FRIERDICH, GRANT	1200 FT PICKENS RD #12F	PNS BEACH FL 32561
			600006269986--7 -07/09/02--01020--013 ****908.75 ****908.75

8. Name and Address of Current Registered Agent

FRIERDICH, GRANT
1200 FT PICKENS RD

#12F
PENSACOLA BEACH FL 32561

9. Name and Address of New Registered Agent

Name

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

6308 N. DAVIS HWY

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32504

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

REGISTERED AGENT MUST SIGN

Date 3-20-02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GRANT FRIERDICH

Date

3-20-02

Daytime Phone #

618-281-731

CR2040 (8/01)