

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
2000 UBR
Division of Corporations

FILED

01 JAN 17 PM 12:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000102653

1. Corporation Name

FUN FRIENDS, INC.

Principal Place of Business

Mailing Address

3951 ROBERTS POINT RD.
SARASOTA FL 34242

3951 ROBERTS POINT RD.
SARASOTA FL 34242



DO NOT WRITE IN THIS SPACE

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

11/24/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0963599

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

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	LEEREVELD, KARIN	3951 ROBERTS POINT RD.	SARASOTA FL 34242
P	Julian Parry, Julian	3951 Roberts Point Rd	Sarasota, FL 34242

5/18/00 90286 035
\$150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LUZIER, THOMAS B ESQ.
3400 S. TAMiami TR.
SARASOTA FL 34239

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

Date

REGISTERED AGENT MUST SIGN

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

Date

Daytime Phone #

KE

11/22/00

941-320-8722

CR2E040 (8/00)

202

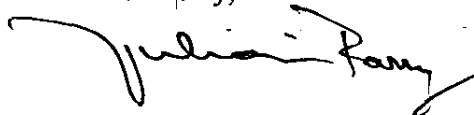
Jan 11, 2001

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern;

I responded to the May 30th letter and spoke with your office regarding Fun Friends Inc. the only problem with the documentation was the FEI number was missing. I was told to fill it in and return the form, which I did immediately. However there was a note in the upper right hand corner, which caused the document to be returned to me once again. As a result I am again sending this document back to your office with this letter, which has been requested due to you waiving the fees and having to cover the trail in case of an audit. I hope we can put this to rest now. The form is filled in and this is your letter.

Julian Parry,



President
Fun Friends Inc.