

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000102653

1. Corporation Name

FUN FRIENDS, INC.

FILED

02 OCT 23 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3951 ROBERTS POINT RD.
SARASOTA FL 34242

Mailing Address

3951 ROBERTS POINT RD.
SARASOTA FL 34242



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

2002 4BR

2. New Principal Office Address, If Applicable

2123 Porter Lake Dr.

Suite, Apt. #, etc.

Unit H

City & State

Sarasota, FL

Zip

34242

Country

USA

3. New Mailing Office Address, If Applicable

PO Box 15090

Suite, Apt. #, etc.

Sarasota, FL

City & State

Zip

34277

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/24/1999

5. FEI Number

65-0963599

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	4 City / State / Zip
Bo	LEEREVELD, KARIN	3951 ROBERTS POINT RD.	SARASOTA FL 34242
	Carson, Charles	PO Box 15090	SARASOTA, FL 34277
P	PARRY, JULIAN	3951 ROBERTS POINT RD.	SARASOTA FL 34242

100008551621
10/23/02--01095--011 **158.75

8. Name and Address of Current Registered Agent

PARRY, JULIAN
3951 ROBERTS POINT RD.
SARASOTA FL 34242

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/22/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/22/02

941-343-9444

Date

Daytime Phone #

2082

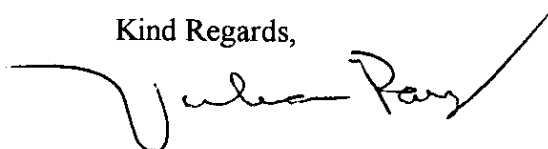
Oct 21, 2002

C/O Andy Supervisor Reinstatement
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Andy;

We apologize for not getting the corporate report in but we moved offices and never received the forms. Good talking to you and hopefully everything is now complete and paid.

Kind Regards,

A handwritten signature in black ink, appearing to read "Julian Parry", with a long horizontal stroke extending to the left.

Julian Parry

President
Fun Friends Inc.