

2008 FOR PROFIT CORPORATION REINSTATEMENT


FILED

08 DEC 30 PM 4:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



12292008 REIN-P CR2E098 (1/07)

DOCUMENT # S06763					
1. Entry Name FRIER & FRIER, P.A.					
Principal Place of Business 1645 METROPOLITAN BLVD TALLAHASSEE, FL 32312 US			Mailing Address 1645 METROPOLITAN BLVD TALLAHASSEE, FL 32312 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3055963	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHARD A GLOVER, CPA, PA 1809 MICCOSUKEE COMMONS DRIVE SUITE 108 TALLAHASSEE, FL 32308			7. Name and Address of Now Registered Agent Name <u>J. Randall Frier</u> Street Address (P.O. Box Number is Not Acceptable) <u>1645 Metropolitan Blvd</u> City <u>Tallahassee</u> FL Zip Code <u>32312</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>[Signature]</u> <u>J. Randall Frier</u> <small>Signature typed or printed name of registered agent and side if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRIER, J. RANDALL 1645 METROPOLITAN BLVD TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, in an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>J. Randall Frier</u> Daytime Phone <u>850/321-1330</u>		