PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORME []

CORPORATION RESERVED MAJOR				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				03 AUG -6 AM 8: 48 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
	JMENT	r# 506	76	3								
1. Corporation Name FRIER & FRIER, P.A.												
<u>[</u>		· · · · · · · · · · · · · · · · · · ·			· · ·		<u> </u>] ,	,			
2. Principal Office Address 2927 Kerry Forest Parkway				3. Mailing Office Address 2927 Kerry Forest Parkway				08/1	DDC 5/03-)223 4 53 -01038010	与了 **300.00	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				Date Incorporated or Qualified To Do Business in Florida				
City & State Tallahassee, FL				City & State Tallahassee, FL			5. FEI Number Applied For					
Zip Country				Zip Country				6. SERVICIONE OF SAANIO PERIODE S8.75 Additional Fee required				
32309 USA 32309						USA		for a Certificate of Status				
7. Name and Address of Current Registered Agent Name												
	J. Randall Frier Street Address (P.O. Box Number is Not Acceptable)											
2927 Kerry Forest Parkway												
	Suite, Apt. #, Etc.							·	,	,		
Tallahassee								State Zip Code FL 32309				
8. I, being	appointed the	e registered agent of t	the above	named corpo	ration, am f	amiliar with and	accept the ot	bligations of section	on 607.050	05 or 617.0503, F.S.	. (10/02)	
Signature of Registered Agent									tions of section 607.0505 or 617.0503, F.S. Date 5 August 2003			
Q Nove	and Street A	dance of Cost Off		SISTERED AG								
Titles	es and Street Addresses of Each Officer and/or Director (F Name of Officers and/or Directors				Street Address of Each Officer and/or Director			<u></u>	City / State / Zip			
Pres.	J. Randa	2927 Kerry Forest Parkway			Tallahassee, FL 32309							
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10. 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 filling 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 Daytime Phone #												
	Si	OUT THE	OKPRIN	I EU NAME UF S	HONING OFF	IVER OR DIRECT	uk .		Date	Daytime Ph	none #	

FRIER & FRIER, P.A.

2927 KERRY FOREST PARKWAY TALLAHASSEE, FLORIDA 32309

J. RANDALL FRIER

J. ELLON FRIER 1991-2000

July 31, 2003

TELEPHONE (850) 894-2084 FACSIMILE (850) 894-2086

VIA HAND DELIVERY

State of Florida Division of Corporations Gaines Street Tallahassee, FL 32301

Re: Frier & Frier, P.A.

Dear Sir or Madam:

Pursuant to my telephone conversation with Shawn this morning, enclosed is our firm's check in the amount of \$300.00 to re-instate the corporate entity for the above-referenced professional corporation.

We did not receive the annual report package from your office, therefore, the annual report was not filed for 2002 or 2003.

Thank you for your cooperation and assistance in this matter.

Sincerely,

J. Randall Frier

JRF/if

Enclosure: As Stated

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DEPASINELL OF STATE
DIVISION OF CORPORATION