

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 MAY -5 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *m96654*

1. Corporation Name

Fraginvest Corporation

REINSTATEMENT *02-03*

300018008013
05/05/03--01057--018 **900.00

2. Principal Office Address

3162 Commodore Plaza

3. Mailing Office Address

3162 Commodore Plaza

Suite, Apt. #, etc.

3EF

Suite, Apt. #, etc.

3EF

City & State

Coconut Grove

City & State

Coconut Grove

Zip

33133

Country

USA

Zip

33133

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1988

5. FEI Number

NAE 980-048772

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

David Popham

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

3162 Commodore Plaza

Suite, Apt. #, Etc.

3EF

City

Coconut Grove

State

FL

Zip Code

33133

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 04/29/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	David Popham	3162 Commodore Plaza, 3EF	Coconut Grove, FL 33133
DPS	Marcello Osterwald	Via Somaimi 10/Via Lucchini	690 Lugano Switzerland

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 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

04/29/03

Date

305-793-1706

Daytime Phone #

CR2E081 (10/02)

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