

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY 20 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 98000043553**

1. Corporation Name

FINE ART FRAMING, INC

2. Principal Office Address - No P.O. Box #

16000 NW 59TH AVE

3. Mailing Office Address

16000 NW 59TH AVE

Suite, Apt. #, etc.

#104

Suite, Apt. #, etc.

#104

City & State

MIAMI LAKES, FL

City & State

MIAMI LAKES, FL

Zip

33014

Country

USA

Zip

33014

Country

USA

REINSTATEMENT

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

05/13/1997

5. FEI Number

65-0844141

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

CFRA, LLC

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

CORPORATE CENTER THREE AT INTL PLAZA

Suite, Apt. #, Etc.

4221 W. BOY SCOUT BLVD, 10TH FLOOR

City

TAMPA

State

FL

Zip Code

33607

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

George J. Bentulio
REGISTERED AGENT MUST SIGN

Date **4-29-08**

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
P	MOLINA, ALBERT	16000 NW 59TH AVE #104	MIAMI LAKES, FL 33014
VP	SLATON, MICHAEL	16000 NW 59TH AVE #104	MIAMI LAKES, FL 33014
SEC	SANDS, STEVE	16000 NW 59TH AVE #104	MIAMI LAKES, FL 33014

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06/05/08--01037--017 **1350.00

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 607.0431 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 contained in Chapter 119, 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:

Michael P. Slaton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-08

Date

305-502-1103

Daytime Phone #