3	PLEASE READ	ALL INST	'RUCTIONS	BEFORE C	OMPLET			
API	PLICATION FOR	A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State		ĭ				
REINSTATEMENT DIVISION OF CORPORA								
DOCUMENT # 247111 1. Corporation Name					98 DEC 10 PM 3: 19			
FREL,	INC.		SECRETARY OF STATE TALLAHASSZE, FLORIDA					
515 N FLAC STE. 400 W. PALM B US	CH. FL 33401	Mailing Address 515 N FLAGLER DR STE. 400 W PALM BCH. FL 33401 US ugh incorrect information and enter correction below.						
	ncipal Office Address, If Applicable		New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida		
Suite, Apf. #, etc. Suit			Suite, Apt. #, etc.			05/01/1961 5. FEI Number Applied For		
City & State		City & State			6.	59-1000234 Not Applicable		
Zip	Country	Zip	Country	/	· ·	E OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of State	uired us i
7. Names a	nes and Street Addresses of Each Officer and/or Director (Floris) Name of Officers and/or Directors		rida nonprofit corporations must list at least 3 dire Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			c	lty / State / Zip	
DPT	ALBENBERG, ELAINE C.					HIGHLAND BCH F	117513 3-01098006	33
D	DEWART, WILLIAM T.		255 S. COUNTY ROAD			PALM BCH. FL		
DVS	LUSTIG, STANLEY H.		418 OYSTER ROAD			N. PALM BCH. FL		
	David H. Scaff	255 South County Road			Palm Beach,	FL _33480		
REINSTATEMENT 187 197 198								
Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent			
515 N.	IER, RICHARD B FLAGLER DR., STE. 400 PALM BCH. FL 33401	David H. Scaff, First National in Pa Street Address (P.O. Box Number is Not Acceptable) 255 South County Road Suite, Apt. #, Etc.			nal in Palm I	CRZE040 ENSI		
,				City Palm Beac	City State Zip Code FL 33480			
10. I, being Signature o Registered	Agent			th and accept the ob JIRED	ligations of Section	on 607.0505, F.S. Date	4-98	_
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)								
12. 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 VAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								