


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **338967**

1. Corporation Name

ALFRED FREISTAT, CASE CO., INC.

Principal Place of Business: 14900 N.W. 24 COURT OPA LOCKA FL 33054

Mailing Address: 14900 N.W. 24 COURT OPA LOCKA FL 33054

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida **12/13/1968**

5. FEI Number **59-1226993**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

FILED
 01 OCT 22 PM 1:52
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA



2007 JM

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	FREISTAT, RONALD <i>delete</i>	2021 N.E. 211 ST.	NO MIAMI BCH FL
P	RONALD, FREISTAT	2021 NE 211 ST	NORTH MIAMI BCH FL
VP	FREISTAT, ERIC	644 15 ST	MIAMI FL 33139

8. Name and Address of Current Registered Agent

FREISTAT, ALFRED
 430 S SHORE DR
 N MIAMI BCH FL 33168

9. Name and Address of New Registered Agent

Name: **RONALD FREISTAT**

Street Address (P.O. Box Number is Not Acceptable): **2021 NE 211 ST.**

Suite, Apt. #, Etc.: **116. MI**

City: **No. Miami Beach** State: **FL** Zip Code: **33162**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Ronald Freistat*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date: **10-17-01**

11. 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: *Ronald Freistat*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **10/17/01** Daytime Phone #: **305-688-2577**

CR26040 (801)