

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NEED

04 FEB 26 PM 2:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 338967.

1. Corporation Name

Alfred Frost at Case 6 Doc

REINSTATEMENT 03-04

200029410012
02/25/04--01070--021 **\$900.00

2. Principal Office Address

14900 NW 24th Ct

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Opa-locka FL

City & State

Zip

Country

33054

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1968

5. FEI Number

59-1226993

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ronald Frost

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

2021 NE 211th St

Suite, Apt. #, Etc.

City

NO Miami Beach

State

FL

Zip Code

33179

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

Ronald Frost

Date

2/19/04

REGISTERED AGENT MUST SIGN

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
Mrs	Ronald Frost	2021 NE 211th St	NO Miami Beach 33179

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:

Ronald Frost

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/19/04

Daytime Phone #

CR2001 (01/04)