

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

02 MAR 28 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # FRIAL, INC. 645802

1. Corporation Name

2. Principal Office Address

c/o Francisco J. Martin

Suite, Apt. #, etc. SIXTH FLOOR
200 S BISCAYNE BLVD

City & State

MIAMI, FLORIDA

Zip

Country

3. Mailing Office Address

c/o Francisco J. Martin

Suite, Apt. #, etc. SIXTH FLOOR
200 S BISCAYNE BLVD

City & State

MIAMI, FLORIDA

Zip

Country

REINSTATEMENT 2001-2002

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/1979

5. FEI Number

59-1565735

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Francisco J. Martin

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

200 S BISCAYNE BOULEVARD, SIXTH FLOOR

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33131

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

FRANCISCO J. MARTIN

REGISTERED AGENT MUST SIGN

Date MARCH 27, 2002

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	500005194235--2
			-04/05/02--01015--021 *****8.75 *****8.75
P	ALBERTO DELLER	P.O. BOX 2036 QUITO, ECUADOR	QUITO, ECUADOR
VP	MICHEL DELLER	P.O. BOX 2036	QUITO, ECUADOR
S	FRIDA DELLER	P.O. BOX 2036	QUITO, ECUADOR
T	PIERRE DELLER	P.O. BOX 2036	QUITO, ECUADOR
S	HELEN DE BEITSCH DELLER	P.O. BOX 2036	QUITO, ECUADOR

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

Date

Daytime Phone #

CR2E081 (9/01)

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Frial, Inc.

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- ☒ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- ☒ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

RECEIVED
02 MAR 28 AM 11:08
DIVISION OF CORPORATIONS