PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
98 JUN -8 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K41182

1. Corporation Name: FREBRON, INC. W98-12351

Principal Place of Business: 2406 N. Lakeside Dr. Lake Worth, FL 33460

Mailing Address: PO Box 2011 W. P. B., Fl

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

REINSTATEMENT 91-98

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Office Address, If Applicable
PO Box 2011
Suite, Apt. #, etc.
City & State: West Palm Beach, FL
Zip: 33402 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/26/1988

5. FEI Number: 65-0089674 ☐ Applied For ☐ Not Applicable

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

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	N. Kent Wilmering	2406 N. Lakeside Dr.	Lake Worth, Fl 33460
Sec.	N Kent Wilmering	SAME	
Treasurer	N Kent Wilmering	SAME.	000002556770--2 -06/11/98--01063-017 ***1711.25 ***1711.25
	sole Director & shareholder.		

$6.10

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name: N. Kent W. Imering
Street Address (P.O. Box Number is Not Acceptable): 2406 N. Lakeside Dr
Suite, Apt. #, Etc.
City: Lake Worth State: FL Zip Code: 33460

CR2E040 (12/96)

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: [signature] REGISTERED AGENT MUST SIGN Date: 12/30/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 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] President - N Kent W. Imering 12/30/97 561 586-8353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #