

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 OCT 31 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 01-03**

DOCUMENT # **N96 000000 866**

1. Corporation Name **The Joshua Frase Foundation  
For Congenital Myopathy Research, Inc.**

2. Principal Office Address

**124 Crossroad Lakes Dr.**

Suite, Apt. #, etc.

3. Mailing Office Address

**124 Crossroad Lakes Dr.**

Suite, Apt. #, etc.

City & State

**Ponte Vedra Beach, FL**

Zip

**32082**

Country

**USA**

City & State

**Ponte Vedra Beach, FL**

Zip

**32082**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**2/19/96**

5. FEI Number

**59-7059890**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**000024296316**

**10/31/03 - 01002-004 \*\*358.75**

7. Name and Address of Current Registered Agent

Name

**Paul Frase**

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

**124 Crossroad Lakes Drive**

Suite, Apt. #, Etc.

City

**Ponte Vedra Beach**

State

**FL**

Zip Code

**32082**

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

**Paul M. Frase**

Date **10/29/03**

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
<b>P</b>	<b>Paul M. Frase</b>	<b>124 Crossroad Lakes Dr.</b>	<b>Ponte Vedra Beach, FL 32082</b>
<b>V</b>	<b>Alison R Frase</b>	<b>124 Crossroad Lakes Dr.</b>	<b>Ponte Vedra Beach, FL 32082</b>
<b>S</b>	<b>Jeff Dixon esq.</b>	<b>17504 River Hill Dr.</b>	<b>Dallas Tx 75287</b>

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:

**Paul M. Frase**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/29/03**

Date

**904 219 9762**

Daytime Phone #

CR2E081 (10/02)