PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
H05000126151 3
05 MAY 18 PM 12:24

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 01-05

DOCUMENT # P00000037252

1. Corporation Name

FRA MANAGEMENT, INC.

| 2. Principal Office Address | | 3. Mailing Office Address | |
|---|---|---|---|
| 99 N.W. 183rd Street | | 99 N.W. 183rd Street | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| Suite 120 | | Suite 120 | |
| City & State | | City & State | |
| North Miami Beach, FL | | North Miami Beach, FL | |
| Zip | Country | Zip | Country |
| 33169 | USA | 33169 | USA |

4. Date Incorporated or Qualified To Do Business in Florida: 4/12/00

5. FEI Number: 22-3723372 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Joel S. Piotrkowski

Street Address (P.O. Box Number is Not Acceptable): 317 - 71st Street

Suite, Apt. #, Etc.:

| City | State | Zip Code |
|---|---|---|
| Miami Beach | FL | 33141 |

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: _____ Date: 5-17-05
REGISTERED AGENT MUST SIGN

CR2E064 (01/05)

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 |
|---|---|---|---|
| D | Daniel Rosenfeld | 99 N.W. 183rd St., #120 | North Miami Beach, FL 33169 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

10. I certify that I am an officer or director of 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: _____ 5/17/2005 (305) 652-7576
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

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# Florida Department of State

Division of Corporations
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(((H05000126151 3)))

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

## CORPORATION REINSTATEMENT

**F R A MANAGEMENT, INC.**

| | |
|---|---|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | $1,358.75 |

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