

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 13 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P000000049735

1. Corporation Name

Ryan-FRANKEL Companies, INC.

2. Principal Office Address

777 NW 155<sup>th</sup> Lane  
Suite, Apt. #, etc.  
905

3. Mailing Office Address

777 NW 155<sup>th</sup> Lane  
Suite, Apt. #, etc.  
905

City & State

Miami FL

City & State

Miami FL

Zip

33169

Country

USA

Zip

33169

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05-17-00

5. FEI Number

☒ 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

Yousef Ismail Qarage

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

777 NW 155<sup>th</sup> LANE

Suite, Apt. #, Etc.

905

City

Miami

State

FL

Zip Code

33169

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

Yousef Ismail Qarage  
REGISTERED AGENT MUST SIGN

Date 2/1/03

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
P	Yousef Ismail Qarage	777 NW 155 <sup>th</sup> Lane	Miami FL 33169

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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:

Yousef Ismail Qarage

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/1/03

Daytime Phone #

(786)  
200-5621

CR2E081 (10/02)