

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000033241

1. Corporation Name

FROZEN ROPE INC.

Principal Place of Business

1605 LENOX AVE., APT. 4  
MIAMI BEACH FL 33139

Mailing Address

1605 LENOX AVE., APT. 4  
MIAMI BEACH FL 33139

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

2. New Principal Office Address, If Applicable

2016 Bay Dr West  
Suite, Apt. #, etc.  
501

3. New Mailing Office Address, If Applicable

2016 Bay Dr. West  
Suite, Apt. #, etc.  
501

City & State  
Miami Beach FL

Zip  
33141

Country  
USA

City & State  
Miami Beach FL

Zip  
33141

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/02/2001

5. FEI Number

52-2305369

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
President P	Benjamin Rogers	2016 Bay Dr. West 501	Miami Beach FL 33141

800009043368  
11/18/02--01018--010 \*\*750.00

8. Name and Address of Current Registered Agent

ROGERS, BENJAMIN

1605 LENOX AVE., APT. 4  
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name

Rogers, Benjamin

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

2016 Bay Dr. West

Suite, Apt. #, Etc.

501

City

Miami Beach

State

FL

Zip Code

33141

CR2040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11/8/02

11. 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/8/02 (305) 866-0562