

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 30, PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # Frassrand Custom Homes Inc

1. Corporation Name

PO10000062150

2. Principal Office Address

29 Cold Spring Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

29 Cold Spring Ct

Suite, Apt. #, etc.

City & State

Palm Coast FL

Zip

32137

Country

USA

City & State

Palm Coast FL

Zip

32137

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/1/01

5. FEI Number

55-0811168

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 Thomas H Frassrand

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

29 Cold Spring Ct.

Suite, Apt. #, Etc.

City PALM COAST

State
FL

Zip Code
32137

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1-28-04

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
Pres.	Thomas H. Frassrand	29 Cold Spring Ct	Palm Coast FL 32137
Sec.	Tera Frassrand	29 Cold Spring Ct	Palm Coast FL 32137

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:

[Signature] Tera Frassrand

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/28/04

Daytime Phone #

386-931-3005

CR2001 (10/02)

72



CRC057908

29 Cold Spring Ct. ~ Palm Coast, FL 32137 ~ Phone (386) 445-3668 ~ Fax (386) 445-3668 *9

January 28, 2004

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Document # PD1000062150

To Whom It May Concern:

We have recently become aware that our corporation status has been dissolved. We were under the impression that our account Stephen Strader located at 29 Old Kings Rd in Palm Coast was filing our paperwork. We have realized that this is not the case and recently he is no longer in this area. To our knowledge our paperwork was current and active for 2002 and 2003. Our paperwork has been sent to Mr. Strader's address and we had no idea that our paperwork was not being handled.

We would like to reinstate our corporation, Frassrand Custom Homes, Inc., as soon as possible. We apologize for the oversight and appreciate your prompt attention and consideration to this matter.

Please change our address on file to reflect our company mailing address which is 29 Cold Spring Court Palm Coast FL 32137. Our telephone number is (386) 445-3668 and fax number is (386) 446-0250. Enclosed please find \$300.00 to bring us current.

If you have any questions or need further clarification please contact me as soon as possible.

Sincerely,

Tera Frassrand