

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 MAY 22 PM 4: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO 3000006518

1. Corporation Name

F. R. E. FRAMING INC

2. Principal Office Address

302 Chiquita Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

Country

34758

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/13/2003

5. FEI Number

76-0723119

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

Felix J. LANDAVERDE

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

302 Chiquita Ct.

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34758

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

5/10/06

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
P	Felix J. LANDAVERDE	302 Chiquita Ct.	Kissimmee, FL 34758
S	Felix J. LANDAVERDE	302 Chiquita Ct.	Kissimmee, FL 34758

400076397564

06/20/06--01064--012 **450.00

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/10/06

Daytime Phone #

407-686-3883

292

May 10, 2006

Florida Dept. of State
Div. of Corporations
Corporate Filing
PO Box 6327
Tallahassee, FL 32314

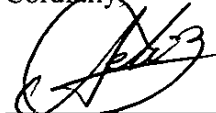
Attn.: Eula Peterson

Re: F.R.E. Framing Inc./ P03000006518

In response to letter number 406A00028661 dated April 26, 2006 and as per your instructions in said letter, I'm enclosing a Reinstatement Application for the corporation of reference along with the corresponding filing fees of \$450.00 for the years 2004, 2005 & 2006. Please waive the Reinstatement fee of \$600.00 on account the Uniform Business Report Notices for 2004 & 2005 were not received.
The street address for the officer/directors is:

- Felix J. Landaverde, President & Secretary, 302 Chiquita Ct.,
Kissimmee, FL, 34758

Cordially



Felix J. Landaverde
President

302 Chiquita Ct.
Kissimmee, FL 34758