


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

CORPORATION
REINSTATEMENT
2004 AR



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 29 PM 1:38

DOCUMENT # P03000103987

1. Corporation Name
FRAM FLAGLER ONE, INC.

2. Principal Office Address
1500 NorFederal Hwy

3. Mailing Office Address
1500 N. Federal Hwy

Suite, Apt. #, etc.

#200

Suite, Apt. #, etc.

#200

City & State

Fort Lauderdale, Fl.

City & State

Fort Lauderdale, Fl.

Zip

33304

Country

USA

Zip

33304

Country

USA

000038425560

4. Date Incorporated or Qualified To Do Business in Florida 09/22/2003

5. FEI Number
73-1680553

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

F. Ronald Mastriana, Esq.

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

1500 North Federal Hwy

Suite, Apt. #, Etc.

#200

City

Fort Lauderdale

State

FL

Zip Code

33304

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

F. Ronald Mastriana REGISTERED AGENT MUST SIGN

Date June 28, 2004

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	Alexandra Mastriana-Solal	1500 N. Federal Hwy#200	Fort Lauderdale, Fl. 33304
VP	Brien Mastriana	1500 N. Federal Hwy#200	Fort Lauderdale, Fl. 33304
S	F. Ronald Mastriana	1500 N. Federal Hwy#200	Fort Lauderdale, Fl. 33304

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:

F. Ronald Mastriana

June 28, 2004 954-566-1234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

6/29/04

2/2



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 782997 5490A

AUTHORIZATION : *Patricia Pujato*

COST LIMIT : \$ 558.75

ORDER DATE : June 29, 2004

ORDER TIME : 1:08 PM

ORDER NO. : 782997-005

CUSTOMER NO: 5490A

CUSTOMER: Mr. Dan Sieloff
Mastriana & Christiansen
Suite 200
1500 North Federal Highway
Fort Lauderdale, FL 33304

DOMESTIC FILINGS

NAME: FRAM FLAGLER ONE, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap
EXAMINER'S INITIALS _____