

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 27 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000143495

1. Corporation Name FREI CORPORATION

2. Principal Office Address - No P.O. Box #

7891 WEST FLAGLER ST.

3. Mailing Office Address

7891 WEST FLAGLER ST.

Suite, Apt. #, etc.

189

Suite, Apt. #, etc.

189

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33144

Country

U.S.A

Zip

33144

Country

U.S.A.

REINSTATEMENT 05-07

CR2E081 (1/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/02/2003

5. FEI Number

05-0591938

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

GARCIA, GERMAN

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

7891 EST FLAGLER STREET

Suite, Apt. #, Etc.

189

City

MIAMI

State

FL

Zip Code

33144

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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**

REGISTERED AGENT MUST SIGN

Date 03/22/2007

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
VPD	GARCIA, GERMAN	7891 WEST FLAGLER ST	MIAMI, FL 33144
			100095799701 04/04/07--01029--025 **8.75
			100095799701 04/04/07--01029--026 **1050.00

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:

GARCIA, GERMAN 03/22/07 (786)291-3013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2 4/2