

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000047380

Entity Name: FRAME CLASS INC.

FILED  
Oct 04, 2005  
Secretary of State

## Current Principal Place of Business:

2351 E. HINSON AVE.  
#10  
HAINES CITY, FL 33844

## New Principal Place of Business:

204 LK HATCHINEHA RD  
HAINES CITY, FL 33844

## Current Mailing Address:

2351 E. HINSON AVE.  
#10  
HAINES CITY, FL 33844

## New Mailing Address:

204 LK HATCHINEHA RD.  
HAINES CITY, FL 33844

FEI Number: 90-0169080

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CLASS, RENE SR.  
2351 E. HINSON AVE.  
#10  
HAINES CITY, FL 33844 US

## Name and Address of New Registered Agent:

CLASS, RENE SR.  
204 LK HATCHINEHA RD.  
HAINES CITY, FL 33844 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RENE CLASS

10/04/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: O ( ) Delete  
Name: CLASS, RENE  
Address: 2351 HINSON AVE #10  
City-St-Zip: HAINES CITY, FL 33844

Title: D ( ) Delete  
Name: RUIZ, BERNARDO  
Address: 2351 E. HINSON AVE.  
City-St-Zip: HAINES CITY, FL 33844

Title: D (X) Delete  
Name: QUINTANA, JOSE A  
Address: 2351 E. HINSON AVE.  
City-St-Zip: HAINES CITY, FL 33844

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CLASS, RENE  
Address: 204 LK HATCHINEHA RD  
City-St-Zip: HAINES CITY, FL 33844

Title: D (X) Change ( ) Addition  
Name: CRUZ, JIMMY  
Address: 204 LK HATCHINEHA RD  
City-St-Zip: HAINES CITY, FL 33844

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RENE CLASS

D

10/04/2005

Electronic Signature of Signing Officer or Director

Date