

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

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DOCUMENT # P04000103014

1. Corporation Name

Fram Limited, Inc.

2. Principal Office Address

4937 Gulfport Boulevard

Suite, Apt. #, etc.

City & State

Gulfport, FL 33707-4939

Zip

Country
USA

3. Mailing Office Address

4937 Gulfport Boulevard

Suite, Apt. #, etc.

City & State

Gulfport, FL 33707-4939

Zip

Country
USA

REINSTATEMENT 05-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

July 12, 2004

5. EEJ Number

56-2472607

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

Fredy Martin Oyuela

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

4937 Gulfport Boulevard

Suite, Apt. #, Etc.

City

Gulfport, FL 33707-4939

State

FL

Zip Code

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

9/20/06

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	Fredy Martin Oyuela	4937 Gulfport Boulevard	Gulfport, FL 33707-4939

800080179828
03/28/06--01038--007 **300.00

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

9/20/06 (727)3220293

Daytime Phone #

262

**Fram Limited, Inc.
4937 Gulfport Boulevard
Gulfport, Florida 33707-4939**

September 23, 2006

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

Re: Corporation Annual Reports 2005, 2006

Gentlemen:

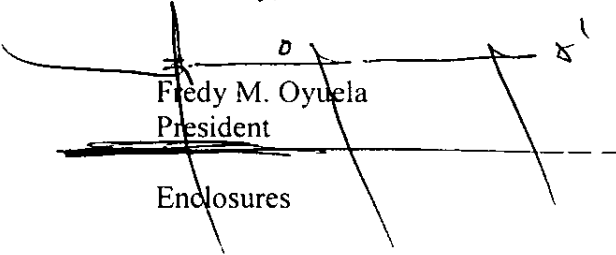
Upon checking our Corporations status with the Florida Department of State, we found that we had been "administratively dissolved" for non filing and payment of the 2005 and 2006 Annual Report.

We did not receive the forms to file the Annual Reports. We moved from 3412 Russett Place, Land O Lakes in late 2004 and notified the United States Post Office of our new address. Apparently, the Post Office did not forward our mail. We had many problems with not receiving our bank statements and attributed that to the bank not changing their records.

We have enclosed our check for \$300.00 in payment of 2005 and 2006 and are requesting you waive the additional fees for the reinstatement.

Thanking you in advance for your consideration and cooperation.

Sincerely,


Fredy M. Oyuela
President

Enclosures