

2007 FOR REINSTATEMENT

FILED

2007 DEC -7 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000133962

1. Entity Name
FRIGOLANDIA, INC.



Principal Place of Business
7300 NW 19TH ST., SUITE 101
MIAMI, FL 33126-1222

Mailing Address
7300 NW 19TH ST., SUITE 101
MIAMI, FL 33126-1222

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11302007 REINSTATEMENT

4. FEI Number
20-5807401

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEL VALLE, MANUEL R
7300 NW 19TH ST., SUITE 101
MIAMI, FL 33126-1222

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPTS
LINGEN, ERNESTO G
KM 8.5 VIA A SAMBORONDON, URB VISTA AL PARQ
UE GUAYAQUIL, ECUADOR.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
700112937537
12/07/07--01034--012 **750.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] (305) 477-6116

December, 05 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell DEC 7 2007