

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

18 APR 9 AM 10:11

DOCUMENT # D12000027863

1. Corporation Name

Frazier Enterprises

800311768968
04/09/18--01012--011 **1500.00

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

16194 N.W. 27th Ave

Suite, Apt. #, etc.

City & State

Miami Gardens, FL

Zip

33054

Country

US

3. Mailing Office Address

"Same"

Suite, Apt. #, etc.

City & State

"

Zip

"

Country

"

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

3/21/2012

5. FEI Number

800797716

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

AJ Accounting Services Inc

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

300 Sevilla Ave

Suite, Apt. #, Etc.

Suite 200

City

Coral Gables

State

FL

Zip Code

33134

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

Camy J...
REGISTERED AGENT MUST SIGN

Date 3/27/18

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	Amey Frazier	16194 N.W. 27th Ave	Miami Gardens, FL 33054
D	Willis Howard	16194 NW 27th Ave	Miami Gardens, FL 33054

10. E-mail Address: willishowardii@gmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/18

Date

954-401-3228

Daytime Phone