

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

6

APPLICATION  
FOR  
2000 UBR



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 NOV -1 PM 6:46

DOCUMENT # P92000014585

1. Corporation Name

FRAME'S SERVICES, INC.

Principal Place of Business

Mailing Address

5681-A DESOTA RD  
LAKE WORTH FL 33463  
US

5681-A DESOTA RD  
LAKE WORTH FL 33463  
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/21/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0122942

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PS	FRAME, RONALD SR	4833 NASH TRAIL	LAKE WORTH FL 33463
VPT	FRAME, RONALD JR	2040 TRINIDAD CT	WEST PALM BEACH FL
			900003469559--4 -11/20/10--01013--013 ****150.00 ****150.00 JG/11/5

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRAME, RONALD SR  
5681A DESOTA ROAD  
LAKE WORTH FL 33463

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Ronald Frame Sr.  
REGISTERED AGENT MUST SIGN

Date

10/12/2000

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., 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 under section 119.07(3)(i), 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:

Ronald Frame Sr.  
RONALD T. FRAM SR.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

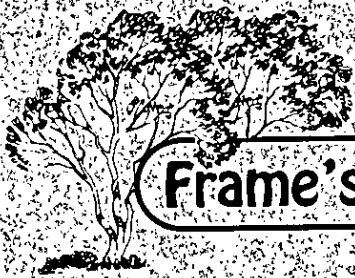
Date

10/12/2000

Daytime Phone #

561 6427253

CR2040 (800)



## Tree Maintenance & Landscaping

Frame's Services, Inc.



10/13/2000

To Whom It May Concern:

This letter is to ask you to look into our past filings and see that we paid on time. As far as our mail is concerned we have a strained relationship with our neighbors. This is the first notice we have received from you due to the fact we do not always receive our mail. This is a big concern of ours. Due to this fact we are asking you to wave the penalty.

Sincerely Yours

Ronald E. Frame Sr.