

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000036804

1. Corporation Name

OUTRAGEOUS FRAMING, INC.

FILED  
02 OCT 25 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3020 N. FEDERAL HIGHWAY  
SUITE 7  
FORT LAUDERDALE FL 33306

3020 N FEDERAL HIGHWAY  
SUITE 7  
FORT LAUDERDALE FL 33306



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

05/16/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0504870

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	POLINSKY, LORI	841 NW 73RD AVENUE	PLANTATION FL 33317
D	SECINO, JANICE	1026 N.W. 53 STREET	POMPANO BEACH FL 33064

9000008594559  
10/25/02--01066--012 \*\*150.00

02 452

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

POLINSKY, LORI  
841 NW 73RD AVENUE  
PLANTATION FL 33317

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. or 617.0505, F.S.

Signature of  
Registered Agent

*SIGNATURE REQUIRED*  
REGISTERED AGENT MUST SIGN

Date

10-23-02

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:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-23-02

Daytime Phone #

CR20040 (8/02)

10/23/02

PAYC28

Florida Department of State  
Division of Corporations

Gentlemen,

Enclosed is the application for  
reinstatement for Outrageous Framing, Inc.  
and our renewal fee for 180.00.

We never received renewal  
notice originally.

Yours Truly,

Outrageous Framing  
Inc.

President James H. H. H.

Vice President L. L. L.

Off. 954-537-9320