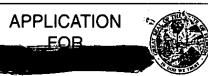
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PHEIR





FLORIDA DEPARTMENT OF STATE Jim Smith

> Secretary of State **DIVISION OF CORPORATIONS**

P94000036804 **DOCUMENT #**

OUTRAGEOUS FRAMING, INC.

1. Corporation Name 1507-511

	F	LE	D		
02	OCT	25	PM	3.	12
SEC	RET.	ARY SSE	OF S E, Fl		TE NGA

3020 N. FEDERAL HIGHWAY 3020 SUITE 7 FORT LAUDERDALE FL 33306 FORT If above addresses are incorrect in any way, line through incompanies. New Principal Office Address, If Applicable 3. New Suite, Apt. #, etc. Suite,		3020 N FEDE SUITE-7 FORT LAUDE through incorrect in	incorrect information and enter correction below. New Mailing Office Address, If Applicable uite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 05/16/1994 5. FEI Number Applied For			
Zip	Country	Zip	Coun	try	6. \$8.75 Additional Fee requ		Not Applicable \$8.75 Additional Fee required for a Certificate of Status	
7. Names a	and Street Addresses of Each Officer ar	d/or Director (Flo	rida nonprofit corpo	rations must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
D	POLINSKY, LORI		841 NW 73RD AVENUE			PLANTATION FL 33317		
D SECINO, JANICE		1026 N.W. 53 STREET			POMPANO BEACH FL 33064			
i i					90 10/25/	0008594 0201086012	559 **150.00	
			C	12 48	7			
	8. Name and Address of Currer	t Registered Age	nt		'9. Name and Address of New Registered Agent			
POLINSKY, LORI 841 NW 73RD AVENUE PLANTATION FL 33317				Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code				
10. I, being	appointed the registered agent of the a	bove named corpo	oration, am familiar v	vith and accept the ob	ligations of Secti			

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

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 filling 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:

16/23/02 PAGE 252 I Corda Department og State Diviseor y Corporations Gentlemen, Enclosed is the application for reinstatement for Outrageous Framing are and our renewal fee for 180 vo. lue neur recevied renewal notice originally. yours Truly, Outrageous Frameria prendent June Second vierpondent Surfale off 954-537.9320

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