

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV 12 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**CORPORATION
REINSTATEMENT**

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

DOCUMENT # **P950000 81269**

1. Corporation Name

FRACHT FWO INC.

2. Principal Office Address

10925 NW 27 St.

Suite, Apt. #, etc.

Suite 101

City & State

Miami, FL

Zip

33172

Country

3. Mailing Office Address

147-39 175th St.

Suite, Apt. #, etc.

Suite 211

City & State

Jamaica, NY

Zip

11434

Country

Queens

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/1995

5. FEI Number

65-0646369

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

GELLMAN, ARNOLD R.

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

2400 South Dixie Highway

Suite, Apt. #, Etc.

Suite 100

City

Miami

State
FL

Zip Code

33133

300008888439
11/08/02--01061--013 **900.00

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

REGISTERED AGENT MUST SIGN

Date

11/7/02

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 |
|--------|-----------------------------------|--|--------------------------|
| D/P | Reynir Gislason | 147-39 175th St. | Jamaica, NY 11434 |
| S/T | Kathleen A. Holland | 61-03 78th St. | Middle Village, NY 11379 |
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10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Reynir Gislason, President

Date

718-553-7914

Daytime Phone #

CR2E081 (9/01)

25 11/18