


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION <b>REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 NOV 26 AM 9:23

DOCUMENT # **P96000041957**

1. Corporation Name

**FRAMING EXPRESS OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

11865 SW 26TH ST  
#A-7  
MIAMI FL 33175  
US

11865 SW 26TH STREET  
#A-7  
MIAMI FL 33175  
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

05/16/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0005123

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	MEJIA, SUSANA	11865 SW 26 ST. A7	MIAMI FL 33183
D	MEJIA, SERGIO	5700 SW 133 PL., STE. 3	MIAMI FL 33183

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MEJIA, SUSANA  
11865 SW 26 ST. A-7  
MIAMI FL 33183

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

REGISTERED AGENT MUST SIGN

Date

11/20/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/20/01 (305) 529-9098

CR2ED40 (8/01)

November 20, 2001

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

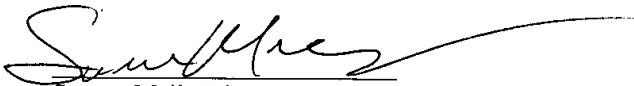
Dear Sir or Madam,

We are in receipt of the application for reinstatement of our corporation, upon calling Tallahassee, Detra informed us that in June correspondence had been sent to us requesting signatures. As we never received this correspondence we are respectfully requesting that you please accept signatures at this time.

We are also requesting that you please, waive the additional penalties and these would pose a severe financial hardship on our business at the present time.

We thank you in advance for your attention and consideration in this matter.

Sincerely

A handwritten signature in cursive script, appearing to read 'Susana Mejia', with a long horizontal flourish extending to the right.

Susana Mejia-Director  
Framing Express of Florida Inc.  
11865 SW 26th St. #A-7  
Miami, Florida 33175

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