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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Morton
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000065425

1. Corporation Name

FRASLYN INVESTMENTS, INC.

Principal Place of Business

Mailing Address

3571 NE MAGELLAN DR #345-4
MIAMI FL 331613571 NE MAGELLAN DR #345-4
MIAMI FL 33161

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/08/1996

5. FEI Number 65-0903755

Applied For

APPLIED FOR

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐2.5 ANNUAL FEE
FOR 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	GREAVES, EDWARD E	3571 NE MAGELLAN DR #345-4	MIAMI FL 33161
D	GREAVES, JULIA F	3571 NE MAGELLAN DR #345-4	MIAMI FL 33161
D	GREAVES, STACEY L	3571 NE MAGELLAN DR #345-4	MIAMI FL 33161
D	GREAVES, KATHERINE L	3571 NE MAGELLAN DR #345-4	MIAMI FL 33161

REINSTATEMENT 98-99 TS. 5/12/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PAINE, JEFFREY
500 S AUSTRALIAN AVE STE 120
WEST PALM BEACH FL 33401Name
500002874995-5
Street Address (P.O. Box Number Is Not Acceptable)
****150.00 ****150.00
Suite, Apt. #, Etc.
500002874995-5
City
-05/14/99-01010-015
****750.00 FL ****750.00

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 2/8/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.Yes ☐ No ☒(See other side for information
on intangible tax.)

12. I certify that I am an officer or director of 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 #

Stacey Greaves 2/8/99 (561) 655-8946