


Pg 1 of 2

FILED

06 MAY 10 AM 10:28

2006 FOR PROFIT CORPORATION
REINSTATEMENT

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

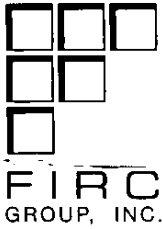
DOCUMENT # P96000095786			
1. Entity Name FRAGA FAMILY CORP.			
Principal Place of Business 2299 SW 37TH AVE 4TH FLOOR MIAMI, FL 33145		Mailing Address 2299 SW 37TH AVE 4TH FLOOR MIAMI, FL 33145	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FE Number 65-0730625		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURAI, WALD, BIONDO & MORENO, P.A. 900 INGRAHAM BUILDING 25 SOUTHEAST SECOND AVENUE MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: <u>Murai, Wald, Biondo, Moreno + Brochin P.A.</u> Street Address (P.O. Box Number is not acceptable): <u>Two Alhambra Plaza, Suite PH 1B</u> City: <u>Coral Gables</u> FL Zip Code: <u>33134</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>[Signature]</u> Vice President <small>SIGNATURE MUST BE PRINTED WITH FULL NAME AND TITLE OF REGISTERED AGENT</small> (NOTE: Registered Agent's signature required when submitting)			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>[Signature]</u>		03/22/06 (301) 443-2508	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		Date	

07/22/05 90018 039 \$150.00



03222006 REIN-P CR2ED98 (11/05) 05-06

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ATTACHMENT

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#P96 0000 95786

March 23, 2006

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

To Whom It May Concern:


This letter is regarding the Reinstatement form attached for Fraga Family Corp. On July 27, 2005 the mail carrier failed to provide us with the notice sent informing that the registered agent had not signed.

We ask you to Please waive the fee in result of notice not arriving to our attention at proper time.

If you have any questions, contact me at 305-443-2508 Ext: 16

Sincerely,

FIRC MANAGEMENT


Rodrigo Londoño
Director of Operations