

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2006 SEP 25 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000017155

1. Corporation Name
FRS Investments Corp.

2. Principal Office Address
4800 Highway A1A

Suite, Apt. #, etc.
Unit 318

City & State
Vero Beach, FL

Zip 32963 Country USA

3. Mailing Office Address
4800 Highway A1A

Suite, Apt. #, etc.
Unit 318

City & State
Vero Beach, FL

Zip 32963 Country USA

REINSTATEMENT 01-06
CRZE081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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 Joseph Salvani
Street Address (P.O. Box Number is Not Acceptable)
4800 Highway A1A
Suite, Apt. #, Etc.
Unit 318
City Vero Beach

State FL Zip Code 32963

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 Joseph Salvani
REGISTERED AGENT MUST SIGN

Date 9/6/06

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
President	Joseph Salvani	4800 Highway A1A Unit 318	Vero Beach, FL 32963

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09/27/06--01048--007 **1500.0

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 contained in Chapter 119, 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: Joseph Salvani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/06 718 966-4832
Date Daytime Phone #

9/26/06