## 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P9700060939  1. Entity Name FRINGE ELEMENTS, INC.			05 MAR 15 PH 3: 23	
Principal Place of Business	Mailing Address /		1111	n 19 M 3: 23
164 MASON STREET	164 MASON STREET		SECRET	3.7 / m
2ND FLOOR   Greenwich, CT 06830	2ND FLOOR Greenwich, CT 06830		TALLAL	AND HATE
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2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State			03142005 REIN-P	CR2E098 (6/04)
	City & State		4. FEI Number 65-0768256	Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Reg				Registered Agent
CORPORATION SERVICE COMPANY				
1201 HAYS STREET TALLAHASSEE, FL 32301		Street Addre	ess (P.O. Box Number is Not Acceptab	le)
		City		FL Zip Code
<ol> <li>The above named entity submits this statement f the obligations of registered agent.</li> </ol>				lorida. I am familiar with, and accept
SIGNATURE Signature fyped or printed name of registered agent and talle if applicable. (NOTE: Registered agent at defining registered when refinatating)  DATE  (NOTE: Registered Agent at defining registered when refinatating)  DATE				
Signature hyped or printed name of registered agen	nt and tale if applicable. (NOTE:	: Registered Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$900.00				
TITLE DP		11.		FICERS AND DIRECTORS IN 11
NAME ANSELMO, REVERGE	☐ Delete	TITLE NAME	CHIEF FIVERLIAL	Change Addition
STREET ADDRESS 408 NORTH STREET		STREET ADDRESS 2	CEAST SAULINE	LLO LELANE
CITY-ST-ZIP GREENWICH, CT 06830		CITY-ST-ZIP	PATRICK J. COSTE SEAST SPAING VAL MAY MOON N. J.	07607
TITLE	☐ Delete	TITLE	•	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	######################################	1982948 14006 **908.75
CITY-ST-ZIP		CITY-ST-ZIP	U3/23/U3==U1U,	14006 **308.75
TITLE	□ Delete	TITLE	man a company of the	☐ Change ☐ Addition
NAME		NAME		<b>U 3</b> -
STREET ADDRESS CITY-ST-ZP		STREET ADDRESS		
חתב		CITY-ST-ZIP		
NAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	MISTALEN	R Charge Pytogition
NAME STREET ADDRESS		NAME STREET ADDRESS	A A S & S & S & S & COUA A C.	THE R. P. LEWIS CO., LANSING, MICH.
CITY-SI-ZIP	•	CITY+ST-ZIP		
TITLE	☐ Defete	TITLE		☐ Change ☐ Addition
NAME	•	NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP	se acia filia de la companya de la c	CITY-ST-ZIP	0 4 440 67/01/0 = 11 0	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 or oth; that I am an officer or director of the corporation or the receiver our use empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if				
of the corporation or the receiver or trustee emp changed, or on an attachment with an appress.	, with all other like empowered.			
1 / / /	PARKUL	I. WITT	EUD 2/11/	203-618
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Description Phone #				
Say The Bon	SIGNING OFFICER O		CATE -	uayuno ता <b>दात र</b>