

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 16 PM 12:10

SECRETARY OF STATE
TREASURER, FLORIDA

DOCUMENT # P98000029639

1. Corporation Name

FRAZAO ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1048 WEST SHORE DR
WEST PALM BEACH FL 33406

1048 WEST SHORE DR
WEST PALM BEACH FL 33406



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

03/31/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0819271

Not Applicable

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	FRAZAO, MANUEL	1048 WEST SHORE DR	WEST PALM BEACH FL 33406
D	FRAZAO, JULIETA	1048 WEST SHORE DR	WEST PALM BEACH FL 33406

600003441506--9
10/27/00--01014--012
****150.00 ****150.00

UBR OD 18

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRAZAO, MANUEL
1048 WEST SHORE DR
WEST PALM BEACH FL 33406

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

Manuel Frazao

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-13-00

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:

Manuel Frazao
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-00

Date

Daytime Phone #

CR2E040 (8/00)

October 13, 2000

Re: 65-0819271

To Whom It May Concern:

I just spoke to a gentleman named Andy at your offices concerning my annual report. I had received my first notice early February and sent check #2756 for \$150.00 early March. Recently I received a notice of dissolution for my corporation. Andy instructed me to mail in a new check for \$150 and to fill out the application for reinstatement.

Sincerely,

Manuel Frazao

A handwritten signature in black ink, appearing to read "Manuel Frazao", written in a cursive style.