

FEB-06-01 03:35 PM

P.02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

01 FEB -8 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000048691

1. Corporation Name

Front Row Rentals, Inc.

2. Principal Office Address

516 S. Dixie Hwy

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

City & State

Zip

33460

Country

USA

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida

06/01/1998

5. FBI Number

650839887

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$9.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent

Name

LUCILA VEGA

Street Address (P.O. Box Number is Not Acceptable)

516 S. Dixie Hwy

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33460

8000003743578--3

-02/20/01--01084--009

*****900.00 *****900.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of
Registered Agent

Date 2-6-01

REGISTERED AGENT MUST SIGN

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
PD	COAKLEY, ROBERT	320 Hermosa Ave #205	HERMOSA, CA 90254
VP	VEGA, LUCILA	1412 N. J STREET	LAKE WORTH, FL 33460
ST	COAKLEY, ROBERT	1412 N. J STREET	LAKE WORTH, FL 33460

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 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

LUCILA VEGA, VP 2-6-01 541-586-9561

Date

Daytime Phone #