

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 29 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900005556839--9

-05/17/02--01015--029

***1050.00 ***1050.00

DOCUMENT # **98000092891**

1. Corporation Name

FRelet Corp.

2. Principal Office Address

15288SW 104ST.

Suite, Apt. #, etc.

APT. 314

City & State

MIAMI, FL

Zip

33196

Country

USA

3. Mailing Office Address

15288SW 104ST. #314

Suite, Apt. #, etc.

APT. 314

City & State

MIAMI, FL

Zip

33196

Country

USA

REINSTATEMENT 99-02

4. Date Incorporated or Qualified
To Do Business in Florida

11/2/98

5. FEL Number

65-0875421

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

FREDDY RAMIREZ

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

15288 S.W. 104 STREET

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33196

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

REGISTERED AGENT MUST SIGN

Date **02-30-02**

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
P	FREDDY RAMIREZ	15288 SW 104 ST	Miami, FL 33196
S	MAYRA RAMIREZ	15288 SW 104 ST	Miami, FL 33196

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

Date

02/30/02

Daytime Phone #

(305) 383-1238

CR2E081 (9/00)