

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 29 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000046208

1. Corporation Name

FRAMACO CORPORATION

2. Principal Office Address

780 N.W. LE JEUNE RD.

Suite, Apt. #, etc.

STE. 516

City & State

MIAMI, FL

Zip

33126

Country

DADE

3. Mailing Office Address

780 N.W. LE JEUNE RD.

Suite, Apt. #, etc.

STE. 516

City & State

MIAMI, FL

Zip

33126

Country

DADE

900017227939

04/28/03--01137--009 **600.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0927143

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

AURELIO A. PIEDRA, CPA

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

780 N.W. 42 AVENUE

Suite, Apt. #, Etc.

STE. 516

City

MIAMI

State

FL

Zip Code

33126

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 **4-17-03**

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
PTD	FITTIPALDI, ENRIQUE V.	780 N.W. 42 AVENUE	MIAMI, FL 33126
VSD	FITTIPALDI, FABIOLA B.	780 N.W. 42 AVENUE	MIAMI, FL 33126

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

4/17/03

305-443-7122

Daytime Phone #

CR2E081 (10/02)

4/30

VARGAS, PIEDRA & CO.
CERTIFIED PUBLIC ACCOUNTANTS

MEMBERS
AMERICAN AND FLORIDA
INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

SUITE 516
LE JEUNE CENTRE
780 N.W. LE JEUNE ROAD
MIAMI, FLORIDA 33126
TELEPHONE
(305) 443-7122

April 17, 2003

Department of State
Division of Corps
P.O. Box 6327
Tallahassee, FL 32314

RE: FRAMACO CORPORATION
P99000046208

In reference to our telephone conversation, enclosed you shall find a check in the amount of \$600 to reinstate the above-mentioned corporation. Please note that the my client was out of the country due to certain reasons and never received or was aware of these reports.

Please abate the penalties and update your records accordingly. We have changed the address on the report to a correct one as per your request.

Thank you,


Hilda Gonzalez