

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 24 AM 10:08

DOCUMENT # P9900063739

1. Corporation Name

Friasofina, Inc.

2. Principal Office Address

90 Alton Road

Suite, Apt. #, etc.

TH-11

City & State

Miami Beach

Zip

FL

Country

USA

3. Mailing Office Address

90 Alton Road

Suite, Apt. #, etc.

TH-11

City & State

Miami Beach

Zip

FL

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/12/99

5. FEI Number

☒ 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

Jose A. Frias

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

90 Alton Road

Suite, Apt. #, Etc.

TH-11

City

Miami Beach

State

FL

Zip Code

33139

400004315764-9

-05/24/01 -01087-014

****300.00 ****300.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date 4/12/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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

PRESIDENT JOSEFINA FRIAS

90 ALTON RD TH-11

M.B. FL 33139

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] Jose A. Frias

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01

Date

305-532-7223

Daytime Phone #

CR2E081 (9/00)

2052

Friasofina, Inc.
90 Alton Road, TH-11
Miami Beach, Florida 33139
305-532-7223

April 12, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Sirs:

In accordance with your instructions, I am submitting our Corporate Reinstatement. Friasofina, Inc. moved in January, 2000 and notified the Division of Corporations of our address change at that time. However, we received no 2000 Annual Report. We requested an Annual Report several times during the year, but received nothing until the most recent mailing.

Enclosed please find a check in the amount of \$300 representing 2000 and 2001 fees. We will appreciate any consideration to reinstating our corporation.

Thank you in advance for any courtesy extended.



Jose A. Frias, President