

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000067529

1. Corporation Name

THE FRIMA GROUP, INC.

2. Principal Office Address - No P.O. Box #

22208 HOLLYHOCK TRAIL

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33433

Country

USA

3. Mailing Office Address

PO BOX 881151

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33488

Country

USA

7. Name and Address of Current Registered Agent

Name

HARRY MALKIA, ESQ. / Leiby, Stearns, & Roberts, P.A.

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

1000 Sawgrass Corp. Parkway

Suite, Apt. #, Etc.

Suite 552

City

FT. LAUDERDALE

State

FL

Zip Code

33323

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

1-29-07

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
<u>P</u>	<u>ALDEN MAMANN</u>	<u>22208 HOLLYHOCK TRAIL</u>	<u>BOCA RATON, FL 33433</u>
	<u>\$21/31</u>		

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 contained in Chapter 119, 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

1-20-07

Date

561-756-2310

Daytime Phone #

FILED

07 JAN 31 PM 2:40

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

300087357373
02/05/07--01010--023 **750.00

REINSTATEMENT

CR2E081 (1/07)

04-07

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/99

5. FEI Number

65-093 8286

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.