

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P9906602026

1. Corporation Name

FRAMES AND MORE, INC.

2. Principal Office Address

2026 SW 57 Ave.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33155

Country

USA

3. Mailing Office Address

2026 SW 57 Ave.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33155

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/99

5. FEI Number

65-0964235

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Orlando Arrom

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

10556 NW 26 Street

Suite, Apt. #, Etc.

Suite 203

City

Miami

State

FL

Zip Code

33172

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

3/10/2001

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
D/P/S	Hugo Cadavid	2026 SW 57 Ave.	Miami, FL 33155

00-01987

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

3-15-2001 (305) 266-5888

Date

Daytime Phone #

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Frames and More, Inc.
2026 SW 57 Avenue
Miami, FL 33155

March 10, 2001

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

Re: Corporation Reinstatement

Dear Sirs:

Enclosed is duly completed Corporation Reinstatement form and a check for \$300.00 as per the instructions we received from your department on the telephone.

We hereby respectfully request that penalties be waived for non-filing for the following reason:

Due to clerical error our corporation's principal address at the time of the original filing was entered in your system without a correct suite number, as a result it appears that the post office returned the annual report forms as undeliverable.

We hope this new information and our payment will resolve this matter to your satisfaction.


Hugo Cadavid
President