

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



APPROVED AND FILED

97 JUL -8 PM 1:29

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # S60090

1. Corporation Name
 Framas, Inc.

Principal Place of Business Mailing Address
 c/o Broad and Cassel c/o Broad and Cassel
 201 S. Biscayne Blvd. 201 S. Biscayne Boulevard
 Miami Center, Suite 3000 Miami Center, Suite 3000
 Miami, Florida 33131 Miami, Florida 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| | | | |
|---|---------|---|---------|
| 2. New Principal Office Address, If Applicable n/a | | 3. New Mailing Office Address, If Applicable n/a | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

REINSTATEMENT 93-97

| | |
|---|--|
| 4. Date Incorporated or Qualified To Do Business in Florida June 17, 1991 | |
| 5. FEI Number applied for | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|-----------------------------------|---|----------------------|
| D, P, S | Rossi, Massimo | c/o Broad and Cassel 201 S. Biscayne Blvd., #3000 | Miami, Florida 33131 |
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|--|--|---|--|
| 8. Name and Address of Current Registered Agent B & C Corporate Services, Inc. 201 S. Biscayne Boulevard, Suite 3000 Miami, Florida 33131 | | 9. Name and Address of New Registered Agent Name n/a Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code | |
|--|--|---|--|

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Sec attached Date _____
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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:

Massimo Rossi, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/96)