

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 26 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # v59187

1. Corporation Name

FRAYO ENTERPRISE, INC

400089980784
03/02/07--01003--014 **450.00

REINSTATEMENT 05-07

CR2E081 (12/05)

2. Principal Office Address

2265 S.W. 140TH AVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI

City & State

FL

Zip

33175

Country

FLORIDA

Zip

33175

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEEL Number

65-0354564

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

FRANK ROQUE

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

2265 S W 140TH AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33175

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

Frank Roque

Date

1/5/2007

REGISTERED AGENT MUST SIGN

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
PST	FRANK ROQUE	2265 S.W. 140TH AVE	MIAMI FL 33175

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:

Frank Roque

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/5/2007

Daytime Phone #

2072

FRAYO ENTERPRISE INC
2265 S.W. 140TH AVENUE
MIAMI FL 33175

January 05,2007


Department of State
Division Of Corporation
P.O.Box 6327
Tallahassee, Fl 32314

Dear sir or madam:
V-59187

The reason for this letter is that I want to reinstate my corporation. I never Got the received the Uniform Business Report forms. I would like to ask the Elimination of the penalty.

Thank You for your cooperation.

Sincerely,


Frank Rogue
President