

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000098368

1 Corporation Name

FRIEDLAND INVESTMENTS, INC.

Principal Place of Business

186 Spyglass Lane
Jupiter, FL 33477

Mailing Address

186 Spyglass Lane
Jupiter, FL 33477

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

2 New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3 New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4 Date Incorporated or Qualified
To Do Business in Florida

12/05/96

5 FEI Number

65-0723624

Applied For

Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D, P,S,T	Jack M. Friedland	186 Spyglass Lane	Jupiter, FL 33477

5000002884755-1

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Jack M. Friedland
Street Address (P.O. Box Number is Not Acceptable)
186 Spyglass Lane
Suite, Apt. #, Etc.
City
Jupiter

State
FL Zip Code
33477

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

REGISTERED AGENT MUST SIGN

Date **5/2/99**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(a), F.S. The information provided 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

Jack M. Friedland

3/1/99



ACCOUNT NO. : 072100000032

REFERENCE : 250635 4303929

AUTHORIZATION :

COST LIMIT : \$ 900.00

Patricia Pyjet

ORDER DATE : May 24, 1999

ORDER TIME : 12:05 PM

ORDER NO. : 250635-005

CUSTOMER NO: 4303929

CUSTOMER: Ms. Jazmine Roman
Greenberg Traurig
1221 Brickell Avenue
20th Floor
Miami, FL 33131

DOMESTIC FILINGS

NAME: FRIEDMAN INVESTMENTS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS _____

RECEIVED
59 MAY 24 PM 3:03
DIVISION OF CORPORATION