

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P17089

1. Corporation Name

FRANK M. HALL & CO.

Principal Place of Business

5326 S. VALENTIA WAY, 8-120  
ENGLEWOOD CO 80114

2953 S. Peoria St. #201  
Aurora CO 80014

Mailing Address

5025 S. VALENTIA WAY, 8-120  
ENGLEWOOD CO 80114

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

2. New Principal Office Address, If Applicable

2953 S Peoria St

Suite, Apt. #, etc.

Suite 201

City & State

Aurora CO

Zip

80014

Country

USA

3. New Mailing Office Address, If Applicable

2953 S. Peoria St.

Suite, Apt. #, etc.

Suite 201

City & State

Aurora CO

Zip

80014

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/07/1987

5. FEI Number

84-0681758

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Addt'l 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	HALL, FRANK M.	6003 S BELLEAIR WAY	ENGLEWOOD CO
SD	HALL, DIANNA K.	6003 S BELLEAIR WAY	ENGLEWOOD CO
V	MINCHER, JOHN JACKSON	7545 ELKHORN MTN RD	LITTLETON CO
T	FRANCIS, H. JAMES	8360 WEBSTER	ARVADA CO
			680683850526-1 -11/22/99--01017--020 ***750.00 ****750.00

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Marcia J. Surahash  
REGISTERED AGENT MUST SIGN

Date 11-3-99

11. 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]* Treasurer (Jim Francis)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-15-99

Daytime Phone #

303-694-4500

FILED

99 NOV 10 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

CR2540 (8/95)