

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 24 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P99000010261

1. Corporation Name

FRANK'S DETAIL INC

2. Principal Office Address

5079 ERNST CT

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32819

Country

orange

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2000

5. FEI Number

59-3471557

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 DEGERONIMO

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

5079 ERNST CT

Suite, Apt. #, Etc.

City

Orlando

State

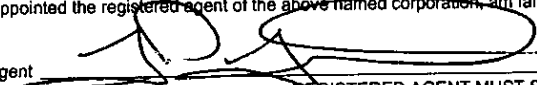
FL

Zip Code

32819

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

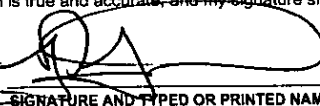
Date 3-18-03

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
P.	FRANK DEGERONIMO	5079 ERNST CT	Orlando FL 32819

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

FRANK DEGERONIMO

Date

3-18-03

Daytime Phone #

321

231-9480

CR2E081 (10/02)

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