

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN 23 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 224286

1. Corporation Name

FRANK ELECTRIC CO. INC.

REINSTATEMENT

CR2E081 (6/10)

07-10

2. Principal Office Address - No P.O. Box #

9600 CARLTON RD.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. PIERCE, FL

City & State

Zip

34987

Country

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 05/30/1959

5. FEI Number

59-0882912

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

JOSEPH M. DELANEY, SR.

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

9600 CARLTON RD.

Suite, Apt. #, Etc.

City

FT. PIERCE

State

FL

Zip Code

34987

300182519493
06/23/10--01005--017 ***1208.75

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

Joseph M. Delaney

Date _____

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
P	JOSEPH M. DELANEY, SR.	9600 CARLTON RD.	FT. PIERCE, FL 34987
T	JOSEPH M. DELANEY, JR.	9600 CARLTON RD.	FT. PIERCE, FL 34987
S	BEA AMPTMANN	1001 FOREST #4	CUBA, MO 65453
V	JOHN A. DELANEY	P.O. BOX 84	LEASBURG, MO
			65535

10. E-mail Address: _____

(To be used for future annual report notification)

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, I further certify, 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:

Joseph M. Delaney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JUN 23 2010