

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR -8 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **263854**

1. Corporation Name

MYER FRANK & ASSOCIATES, INC.
4015 Henderson Blvd.
Tampa, Fl. 33629

2. Principal Office Address

4015 Henderson Blvd.

3. Mailing Office Address

as above.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State Tampa, Fl.

City & State
Tampa, Fl.

Zip
33629

Country
Hills.

Zip
33629

Country
Hills.

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
59-1160455

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

Myer Frank

Street Address (P.O. Box Number is Not Acceptable)
4015 Henderson Blvd.

Suite, Apt. #, Etc.

City

Tampa, Fl.

State
FL

Zip Code
33629

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

Myer Frank
REGISTERED AGENT MUST SIGN

Date

4/6/05

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
Pres.	Myer Frank	575 W. Davis Blvd.	Tampa, Fl., 33606
Sec. Treas.	Patricia Frank	575 W. Davis Blvd.	Tampa, Fl., 33606

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:

Myer Frank
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Myer Frank

Date

4/6/05

813-287-1990
Daytime Phone #

CR2E061 (01/05)