

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

03 JAN -3 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 377942

**1. Corporation Name**

FLORIDA NATIONAL INDUSTRIES INC  
1150 NE 125 Street  
N. Miami FL 33161

**2. Principal Office Address**

1150 NE 125 St.

Suite, Apt. #, etc.

N.

City & State

N. Miami FL

Zip

Country

33161

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

RECEIVED JAN 02

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12/03/02--01051--012 \*\*150.00

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

03/01/71

**5. FEI Number**

59-1393840

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

TED L. KRETZSCHMAR

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

1150 NE 125 St.

Suite, Apt. #, Etc.

City

North Miami

State

FL

Zip Code

33161

**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

Ted L. Kretzschmar

Date 11/27/02

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	TED L. KRETZSCHMAR	1150 NE 125 St	N. Miami FL 33161
ST	LIANNE K. YAO	1150 NE 125 St	N. Miami FL 33161

**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:

Ted L. Kretzschmar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/02

Date

305-891-7000

Daytime Phone #

CR2E081 (9/01)