

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 APR 23 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 847521

1. Corporation Name

FRANK CUSTOM PLASTICS, INC

300005451999--7  
-05/06/02--01017--012  
\*\*\*\*708.75 \*\*\*\*708.75

2. Principal Office Address

731A GLADES CT

Suite, Apt. #, etc.

3. Mailing Office Address

731A GLADES CT

Suite, Apt. #, etc.

City & State

PORT ORANGE

City & State

PORT ORANGE

Zip

32127

Country

USA

Zip

32127

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1980?

5. FEI Number

341119528

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 JOHN E.

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

731A GLADES CT

Suite, Apt. #, Etc.

City

PORT ORANGE

State  
FL

Zip Code  
32127

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

*John E. Frank*

REGISTERED AGENT MUST SIGN

Date

4/18/02

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
PVT	PORTO JOHN A	731A GLADES CT	PORT ORANGE FL 32127
S	FRANK JOHN E	731A GLADES CT	PORT ORANGE FL 32127

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:

*John E. Frank*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/18/02

Daytime Phone #

386 7884251

CR2E081 (9/01)

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**FRANK  
CUSTOM  
PLASTICS, INC.**

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April 20, 2002

DEPT OF STATE

T WHOM IT MAY CONCERN

I AM WRITING TO REQUEST REINSTATEMENT AS A CORPORATION DOING BUSINESS IN THE STATE OF FLORIDA. I WOULD HUMBLY ALSO ASK THAT YOU WAIVE THE REINSTATEMENT FEE. I HAVE ENCLOSED A COPY OF THE UBR THAT WE SENT, USING OUR CHECK # 2292. I PERSONALLY DO NOT REMEMBER ANY DELINQUENT NOTICE COMING TO OUR OFFICE, AS I AM A 2.5 PERSON SHOP AND DO NOT HANDLE THE MAIL. I PAY TO HAVE THE FORMS PROFESSIONALLY FILED OUT AND SENT TO MY OFFICE FOR SIGNATURE AND MAILING. WE WILL IN THE FUTURE USE A COURIER SERVICE WITH A TRACKING NUMBER TO INSURE TRACTABILITY. I HAVE ENCLOSED A CHECK FOR THE PAST DUE FEE AS GIVEN TO ME BY YOUR AGENT AT SUNBIZ.ORG. THANK YOU FOR YOUR ATTENTION IN THIS MATTER



JOHN PORTO  
PRESIDENT