PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 DEC 29 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F07000005036

1. Corporation Name
Franklin & Seidelmann, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
23625 Commerce Park	500 Post Road East
Suite, Apt. #, etc.: Suite 204	Suite, Apt. #, etc.
City & State: Beachwood OH	City & State: Westport CT
Zip: 44122 Country: US	Zip: 06880 Country: US

CR2E081 (11/08)

4. Date Incorporated or Qualified To Do Business In Florida: 10/10/07

5. FEI Number: 34-1958451 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $30.75 additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address: (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc:

City: Plantation | State: FL | Zip Code: 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: [signature] REGISTERED AGENT MUST SIGN Date: 12/29/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
OVS	Frank E Seidelmann	23625 Commerce Park STE 204	Beachwood OH 44122
DPT	Peter D Franklin	403 Walnut Street	Newton D. MA 02460
	REINSTATEMENT RH		

10. E-mail Address: www.pam@planetlic.FS-RAD.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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 taxes 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: [signature] STEVEN KAMINSKY 12-29-09 (203) 222-6333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

FLE10 - 11/1/2005 CT System Online

RH

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: See Cover

CORPORATION REINSTATEMENT
FRANKLIN & SEIDELMANN, INC.

Certificate of Status	0
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RH