

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUN 31 PM 4:01

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # G 51929

1. Corporation Name

WM. P. FROELICH INC.

2. Principal Office Address

1320 WHITEHERON LN.

Suite, Apt. #, etc.

3. Mailing Office Address

1320 WHITEHERON LN.

Suite, Apt. #, etc.

City & State

VERO BEACH FL.

City & State

VERO BEACH FL.

Zip

32963

Country (USA)

INDIAN RIVER

Zip

32963

Country (USA)

INDIAN RIVER

4. Date Incorporated or Qualified

- To Do Business in Florida

July 28, 1983

5. FEI Number

06-1092338

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

William FROELICH

300005763523--4

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

1320 WHITEHERON LANE

06/12/02--01067--011

***315.00 ***315.00

Suite, Apt. #, Etc.

City

VERO BEACH

State

FL

Zip Code

32963

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

William P. Froelich
REGISTERED AGENT MUST SIGN

Date 5-22-02

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
P	William P. FROELICH	1320 WHITEHERON LN. VERO BEACH, FL	VERO BEACH, FL, 32963
S	PATRICIA A. FROELICH	1320 WHITEHERON LN	VERO BEACH, FL, 32963
			416.25 - AR
			10.00 - AR
			88.75 - AR
			400.00 - GR

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:

William P. Froelich - William P. FROELICH PRES. 5-22-02 772-2345285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

Wm. P. FROELICH INC

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5-22-02

The Florida Department of State
Div. of Corporations

To whom it may Concern:

According to our records we did not
Receive an annual report for 1997. And
would request a waiver of the late
fee.

Please accept the reinstatement fee
of 915^{XX}

Sincerely
Wm. P. Froelich

Wm. P. FROELICH INC
1320 WHITEHERON LN.
VERO BEACH, FL 32963