

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H57491

1. Corporation Name

U-Frame-It of Fort Walton Beach, Inc.

2. Principal Office Address - No P.O. Box #
421B Racetrack Rd NE

Suite, Apt. #, etc.

3. Mailing Office Address
421B Racetrack Rd NE

Suite, Apt. #, etc.

City & State
Fort Walton Beach, FL

City & State
Fort Walton Beach, FL

Zip
32547

Country
USA

Zip
32547

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **May 15, 1985**

5. FEI Number
59-2537118

☐ 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
Sue Ann Jonke

Street Address (P.O. Box Number is Not Acceptable)
421B Racetrack Road NE

Suite, Apt. #, Etc.

City
Fort Walton Beach

State Zip Code
FL 32547

S. HAWKES

MAR 08 2011

EXAMINER

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

Sue Ann Jonke
REGISTERED AGENT MUST SIGN

Date **3/3/2011**

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
President	Sarah R. Malagarie	109 Lake Lorraine Circle	Shalimar, FL 32579
V Pres/Sec/Treas	Sue Ann Jonke	231 Country Club Road	Shalimar, FL 32579

REINSTATEMENT

2009-11

10. E-mail Address: **sajonke@cox.net**

(To be used for future annual report notification)

11. 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., and that all fees 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Sue Ann Jonke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/2011

850-862-9090

Date

Daytime Phone #