

From:

05/22/2007 11:35 #246 P.002/002

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FROHLINGER

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L99233</u>			
1. Corporation Name Frohlinger Real Estate Corporation, Inc.			
2. Principal Office Address - No P.O. Box # c/o National Corporate Research, Ltd. Suite, Apt. #, etc. 615 East Park Avenue City & State Tallahassee, FL Zip 32301 Country USA		3. Mailing Office Address 111 Michigan Avenue Suite, Apt. #, etc. City & State Massapequa, New York Zip 11758 Country USA	
7. Name and Address of Current Registered Agent National Corporate Research, Ltd. 515 Park Avenue Suite, Apt. #, Etc. Tallahassee State FL Zip 32301		4. Date incorporated or Qualified To Do Business in Florida September 7, 1980 5. FEI Number 65-0222087 6. CERTIFICATE OF STATUS DESIRED ☒ 20% fee is waived if a corporation has not received a certificate of status for the past 12 months. ☐ 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 607.0500 or 617.0503, F.S. Signature of Registered Agent <u><i>Luigi Dendull</i></u> Date <u><i>5/22/07</i></u> 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	Names of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Joel Frohlinger	111 Michigan Avenue	Massapequa, NY 11758
Secretary	Linda Frohlinger	111 Michigan Avenue	Massapequa, NY 11758
Treasurer	Joel Frohlinger	111 Michigan Avenue	Massapequa, NY 11758
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 contained in Chapter 119, 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: <u><i>Joel Frohlinger</i></u> <u><i>Joel Frohlinger</i></u> Date <u><i>5/22/07</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : NATIONAL CORPORATE RESEARCH, LTD.
Account Number : 120000000088
Phone : (800) 221-0102
Fax Number : (212) 564-6083

CORPORATION REINSTATEMENT

FROHLINGER REAL ESTATE CORPORATION, INC.

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