

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Bathinda Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

92 JUN 14 AM 10:26

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000340

1. Corporation Name

FRANCHISE DIRECTION, INC.

Principal Place of Business

Mailing Address

507 SOUTH 4TH STREET  
JACKSONVILLE BEACH, FL. 32250

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

11-16-92

Suite, Apt. #, etc

Suite, Apt. #, etc

5. FEI Number

Applied For

City & State

City & State

65-037 0051

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$9.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DIR & PRES	HUGH PEMBERTON	3460 MAIN STREET	HARTFORD, CT. 06146
DIR & V.P.	ANDRE SABBAGH	BOX 1017	LANCASTER, PA 17608
DIR & TREAS	JOHN PES	114 STATE	PREDRIA, IL 61602
DIR & SEC	LISA BARGER	1814-C SOUTH TRYON ST	CHARLOTTE, NC. 28203
DIR	LARRY RYAN	507 SOUTH 4TH ST.	JACKSONVILLE, FL 32250
DIR	ALAN RUSGO	32040 UTICA	FRASER, MI 48026

8. Name and Address of Current Registered Agent

LARRY RYAN  
507 SOUTH 4TH STREET  
JACKSONVILLE BEACH, FL.  
32250

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc  
City

600012 203226-4  
-06/17/99-01096-015  
\*\*\*551 505 2000051.25  
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Larry Ryan  
REGISTERED AGENT MUST SIGN

Date

6-9-99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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 taxes 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:

Larry Ryan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-9-99  
Date

904-242-0140  
Daytime Phone #