

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2006 OCT 23 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000006255

1. Corporation Name

FRANK FAMILY FOUNDATION, INC.

2. Principal Office Address
115 E MAUMEE

Suite, Apt. #, etc.

City & State
ADRIAN, MI

Zip
49221

Country
USA

3. Mailing Office Address
115 E MAUMEE

Suite, Apt. #, etc.

City & State
ADRIAN, MI

Zip
49221

Country
USA

REINSTATEMENT

05-06

4. Date Incorporated or Qualified
To Do Business in Florida 12/22/1994

5. FEI Number
65-0549058

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
ROBYN COLUCCI

Street Address (P.O. Box Number is Not Acceptable)
472 N.E. WAVE CREST WAY

Suite, Apt. #, Etc.

City
BOCA RATON

State
FL

Zip Code
33432

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

Robyn Colucci

REGISTERED AGENT MUST SIGN

Date 10-18-06

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
D	MARVIN SAPIRO	9534 E. SUNRIDGE DR.	SUN LAKE, AZ 85248
D	GLORIA SAPIRO	9534 E. SUNRIDGE DR.	SUN LAKE, AZ 85248
D	BRUCE SAPIRO	3104 E. CAPRICORN WAY	CHANDLER, AZ 85249
D	ROBYN COLUCCI	472 N.E. WAVE CREST WAY	BOCA RATON, FL 33432

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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:

Glenn F. Sapiro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

10-15-06

Date

480-8831547

Daytime Phone #

(0/269)