

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY -2 PH 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000097901

1. Corporation Name

Michael Francis Associates, Inc

2. Principal Office Address - No P.O. Box #

5316 Woodstead Way
Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Zip

32819

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

Michael F. Walzak

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

5316 Woodstead Way

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32819

REINSTATEMENT 01-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

10-16-00

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date 4-30-07

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	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
owner	<u>Michael F. Walzak</u>	<u>5316 Woodstead Way</u>	<u>Orlando FL 32819</u>

100103044411
05/23/07--01003--002 **1050.00

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:

[Signature]

owner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-07

Date

407-6940466

Daytime Phone #

705/11

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Michael Francis Associates Inc.
5316 Woodstead Way
Orlando Fl. 32819
407-694-0466

Michael F. Walzak

4-30-07

To whom it may concern

It has just been brought to my attention that I have not filed the Florida Profit papers since 2000. We moved to our new address in June of 2001. I was told by one of your representatives to send you the enclosed check for \$1050.00 for the years 2001-2007, 7 years at \$150.00. I would also like to ask that I not be charged any penalties as the mail was being sent to the wrong address.

Regards



Michael F. Walzak