

12/07/2001 15:24 FAX 407 839 3635

KILLGORE PEARLMAN

002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

Audit Number: H01000119853 9

FILED

01 DEC -7 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000112767

1. Corporation Name

FROG HOLDING, INC.

Principal Place of Business

407 LOBLOLLY COURT  
LONGWOOD FL 32750

Mailing Address

407 LOBLOLLY COURT  
LONGWOOD FL 32750

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/08/2000

5. FEI Number

58-3683347

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐\$8.75 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PRES.	MICHAEL BREIDENBACH	407 LOBLOLLY CT.	LONGWOOD, FL 32750
V. PRES.	SUSAN ANDERSEN	1920 LAKE ALMA DR APOPKA, FL 32712	APOPKA, FL 32712
DIRECTOR	MARY WHITMORE	111 ARHELS PT.	LONGWOOD, FL 32779
DIRECTOR	PATRICK O'CONNOR	412 LOBLOLLY CT.	LONGWOOD, FL 32750
V. PRES.	BRIAN WHALEN	2273 PARK VILLAGE PL.	APOPKA, FL 32714

8. Name and Address of Current Registered Agent

STAMP, MARTIN F  
940 HIGHLAND AVENUE  
ORLANDO FL 32803

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

12/7/01

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., 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 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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Audit Number: H01000119853 9

407-332-1442

12/07/2001 15:24 FAX 407 839 3635

KILLGORE PEARLMAN

001

Division of Corporations

Page 1 of 2

## Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

### Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H01000119853 9)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

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

**From:**

Account Name : KILLGORE, PEARLMAN, STAMP, ORNSTEIN & SQUIRES  
Account Number : 119980000007  
Phone : (407) 425-1020  
Fax Number : (407) 839-3635

## CORPORATION REINSTATEMENT

FROG HOLDING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$750.00

Electronic Filing Menu

Corporate Filing

Public Access Help