

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUL -7 PM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000006071

1. Corporation Name

Franchise Accounts Services Group, Inc.

2. Principal Office Address

2167 Loins Club Road

Suite, Apt. #, etc.

1 & 2

City & State

Clearwater

Zip

33764

Country

U.S.A.

3. Mailing Office Address

2167 Loins Club Road

Suite, Apt. #, etc.

1 & 2

City & State

Clearwater

Zip

33764

Country

U.S.A.

REINSTATEMENT 02-03

800021080358

06/23/03--U1056--011 **758.75

**4. Date Incorporated or Qualified
To Do Business in Florida**

1-12-01

5. FEI Number

593701335

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

Kimberly J. Haikara Esq.

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

12360 66th St. North

Suite, Apt. #, Etc.

E

City

Largo

State

FL

Zip Code

33773

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

Kimberly J. Haikara
REGISTERED AGENT MUST SIGN

Date

6/19/03

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
PDST	Carey Schweidel	2167 Loins Club Road #1	Clearwater, FL 33764

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 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:

C. J. Schweidel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/19/03

Daytime Phone #

(727) 538-4898

CR2E081 (10/02)