

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAY 27 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 01000028268

1. Corporation Name

Frischman Enterprises, Inc

2. Principal Office Address

100 E Linton Ave

Suite, Apt. #, etc.

Suite 200A

City & State

Delray Beach FL

Zip

33483

Country

USA

3. Mailing Office Address

PO Box 7492

Suite, Apt. #, etc.

City & State

Delray Beach FL

Zip

33482

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3/20/2001

5. FEI Number

22-3790328

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Arthur Frischman

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

100 E Linton Ave

Suite, Apt. #, Etc.

Suite 200 A

City

Delray Beach

State

FL

Zip Code

33483

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

Date

5/19/03

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
President	Arthur Frischman	1460 August Ln Circle Delray Beach FL 33445	

200019873102  
05/27/03 01042 019 \*\*000.00

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 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

5/19/03  
Date

561 265 3650  
Daytime Phone #

CR2E081 (10/02)