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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 APR 27 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200103198852
05/24/07--01027--016 **450.00

REINSTATEMENT

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000012988

1. Corporation Name

FRANKEL UNLIMITED, INC.

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

1700 N.W. 49TH STREET

Suite, Apt. #, etc.

110

City & State

FORT LAUDERDALE

Zip
33309

Country
USA

3. Mailing Office Address

1700 N.W. 49TH STREET

Suite, Apt. #, etc.

110

City & State

FORT LAUDERDALE

Zip
33309

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/2002

5. FEI Number

01-0647178

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
CRIS FRANKEL

Street Address (P.O. Box Number is Not Acceptable)
1700 N.W. 49TH STREET

Suite, Apt. #, Etc.

110

City
FORT LAUDERDALE

State
FL

Zip Code
33309

☐ 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

Cris Frankel
REGISTERED AGENT MUST SIGN

Date 4/26/2007

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
MR	CRIS FRANKEL	1700 N.W. 49TH STREET STE. 110	FORT LAUDERDALE, FL. 33309

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:

Cris Frankel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRIS FRANKEL 4/26/07

Date

954-561-5670

Daytime Phone #

2082

JOHN C. WALKER, C.P.A., P.A.

A Professional Corporation

PLAZA 3000
3020 NORTH FEDERAL HIGHWAY • BUILDING 11 • FORT LAUDERDALE, FLORIDA 33306
(954) 561-5670 • FAX (954) 561-2749
e-mail: johnw@netdor.com

April 26, 2007

RE: Frankel Unlimited, Inc.
P02000012988

To Whom It May Concern:

Mr. Cris Frankel of Frankel Unlimited, Inc. moved his business location December 1, 2004. The corporation's previous address was 902 Clintmoore Road, Suite 108, Boca Raton, FL 33487. The current address is 1700 NW 49 Street, Suite 110, Fort Lauderdale, FL 33309.

Since he did not receive the annual report filing notice, we respectfully request you abate the late filing penalty. Enclosed is our check for \$450.00 for the years 2005, 2006 and 2007.

Thank you for your consideration regarding this matter.

Sincerely,


John C. Walker, CPA