

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000024285

1. Corporation Name

FRANKIE G. CONSULTING, INC.

Principal Place of Business

4864 SAN PABLO COURT  
NAPLES FL 34109

Mailing Address

4864 SAN PABLO COURT  
NAPLES FL 34109

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/05/2002

5. FEI Number

03-0414463

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
P	GERICITANO, FRANK	4864 SAN PABLO COURT	NAPLES FL 34109

100024387361  
11/03/03--01093--010 \*\*150.00

8. Name and Address of Current Registered Agent

GERICITANO, FRANK  
4864 SAN PABLO COURT  
NAPLES FL 34109

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/29/03

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

Date

Daytime Phone #

10/29/03 X718-967-8612

CR2E040 (7/03)

**FRANKIE G. CONSULTING, INC.**

4864 SAN PABLO COURT, NAPLES, FLORIDA 34109

October 30, 2003

Department of State  
Division of Corporations  
P.O.Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

This letter is to acknowledge that Frankie G. Consulting, Inc. has up until today, never received the Uniformed Business Report to complete. If I did not receive the Notice of Dissolution, I would have never known that the Business Report was never submitted. I have called your office and made them aware of this.

Therefore, I have completed the Notice of Dissolution and attached a check in the amount of \$150.00. I have also changed the mailing address so there would be no more delays or lose of mail. Thank you very much for your cooperation.

Sincerely,



FRANK GERICITANO  
PRESIDENT

DELIVERED BY AIR