

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000061770

1. Corporation Name

FROGGENHEIM DESIGNS, INC.

Principal Place of Business

Mailing Address

~~110 N. DELAWARE BLVD.~~  
~~JUPITER FL 33458~~

~~110 N. DELAWARE BLVD.~~  
~~JUPITER FL 33458~~

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

2. New Principal Office Address, If Applicable

7917 SW JACK JAMES DR  
Suite, Apt. #, etc.

SUITE 10

CITY & STATE  
STUART FLORIDA

Zip Country  
34997 MARTIN

3. New Mailing Office Address, If Applicable

7917 SW JACK JAMES DR.  
Suite, Apt. #, etc.

SUITE 10

CITY & STATE  
STUART FLORIDA

Zip Country  
34997 MARTIN

4. Date Incorporated or Qualified  
To Do Business in Florida

06/04/2002

5. FEI Number

01-0711628

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GRUB, TRACY	110 N. DELAWARE BLVD.	JUPITER FL 33458
VP	GRUB, TRACY	110 N. DELAWARE BLVD.	JUPITER FL 33458
T	GRUB, TRACY	110 N. DELAWARE BLVD.	JUPITER FL 33458
S	GRUB, TRACY	110 N. DELAWARE BLVD.	JUPITER FL 33458

800024189138  
10/28/03--01016--005 \*\*150.00

8. Name and Address of Current Registered Agent

H.A. INCORPORATED  
308 NW 101 TERRACE  
CORAL SPRINGS FL 33071

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

10/21/03

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/03  
Date

772 287 2552  
Daytime Phone #

CR2E040 (7/03)



# FROGGENHEIM

DESIGNS

To whom it may concern:

I have just received a letter of dissolution pertaining to my incorporated status. The reason for not receiving this letter sooner is due to my change of address. I have been in touch with one of your agents and am enclosing a check for \$150.00. Thank you for your patience and understanding in this matter.

Sincerely,

Tyler Grubb

FINE HANDCRAFTED CABINETS

7917 SW JACK JAMES DR, SUITE 10 • STUART FL 34997

TEL 772 287 2552 • FAX 772 781 9620

WWW.FROGGENHEIM.COM