

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JAN -9 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000016224

1. Corporation Name

FRANZ C. WALLACE III, Inc.

2. Principal Office Address

3947 Blvd Ch Rn S 114

Suite, Apt. #, etc.

S 114

City & State

Jax Fla

Zip

32207

Country

Duval

3. Mailing Office Address

3947 Blvd Ch Rn S 114

Suite, Apt. #, etc.

S 114

City & State

Jax, Fla

Zip

32207

Country

Duval

REINSTATEMENT 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

2003

5. FEI Number

59-3071244

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

FRANZ C. WALLACE III

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

3947 Blvd Ch Rn

Suite, Apt. #, Etc.

S 114

City

Jax, Fla

State

FL

Zip Code

32207

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

F. C. WALLACE III

REGISTERED AGENT MUST SIGN

Date

Jan 16 / 05

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	FRANZ C. WALLACE III	3947 Blvd Ch Rn S 114	Jax Fla 32207

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:

F. C. WALLACE III FRANZ C. WALLACE III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/6/05 (904 3984405)

Daytime Phone #

1/6/05

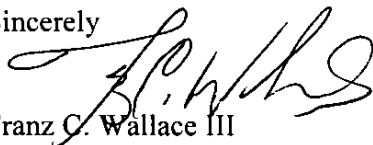
I Franz C Wallace III would like to report that I never received my renewal notice.

I have been at the same address for the entire time.

Please waive the reinstatement fee. I Called and talked to Gary.

Please find the 450.00 plus 8.75 for a certificate of status. = 458.75

Sincerely

A handwritten signature in black ink, appearing to read 'F. Wallace III', written over the printed name.

Franz C. Wallace III