

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAR 28 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000019585

1. Corporation Name

HORAN FRANKS, INC.

200199541792
03/28/11--01054--012 **1200.00

CR2E081 (11/10)

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

6492 ALVARADO RD

3. Mailing Office Address

6492 ALVARADO RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

PENSACOLA FL

Zip

32504

Country

US

Zip

32504

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida 02/12/2007

5. FEI Number

20-8420789

☐ 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

BASS & SANDFORT ACCOUNTANTS, PA

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

1301 W GARDEN ST

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32502

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

REGISTERED AGENT MUST SIGN

Date

3/22/11

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
P	HORAN-FRANKS, JAIME	6492 ALVARADO RD	PENSACOLA FL 32504
VP	FRANKS, CHAD D	6492 ALVARADO RD	PENSACOLA FL 32504

REINSTATEMENT 06-11

3/29/11

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #