

2015 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P11000030337

1. Entity Name
FRANTZ TRUCKING INC.



FILED

15 NOV 10 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FL 32399

Principal Place of Business Mailing Address
14611 66TH STREET NORTH 14611 66TH STREET NORTH
LOXAHATCHEE, FL 33470 US LOXAHATCHEE, FL 33470 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address



11102015 REIN-P CR2E098 (12/11)

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
APPLIED FOR Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORPHE, JOHN D
4952 NW 7TH AVE
MIAMI, FL 33127

Name JEAN F. SENATUS

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

14611 66ST NORTH

City LOXAHATCHEE

FL

Zip Code 33470

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11-10-15

FILE NOW!!! FEE IS \$750.00
After January 1, 2016, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE P, D ☐ Delete

NAME SENATUS, JEAN F
STREET ADDRESS 14611 66TH STREET NORTH
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE T ☒ Delete

NAME SENATUS, ANNETTE
STREET ADDRESS 14611 66TH STREET NORTH
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE S ☐ Delete

NAME SENATUS, NATHALIE
STREET ADDRESS 14611 66TH STREET NORTH
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE CEO ☐ Delete

NAME SENATUS, JEAN F
STREET ADDRESS 14611 66TH STREET NORTH
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

200279023352
11/12/15--01002--005 **500.00

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

200279023352
11/12/15--01002--006 **250.00

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

11-10-15

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS