

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 AM 9:54

DOCUMENT # P93000064131

1. Corporation Name

FRANCEL, INC.

2. Principal Office Address

13307 SW 135th Ave.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33186

Country

U.S.A.

3. Mailing Office Address

78 Ocean Dr

Suite, Apt. #, etc.

City & State

Saint Augustine, FL

Zip

32080

Country

U.S.A.

400024940414
11/21/03--01031--013 **758.75

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/15/93

5. FEI Number

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

Corporate Access, Inc.

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

236 East 6th Ave.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

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

Day B...

REGISTERED AGENT MUST SIGN

Date

11/10/03

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	Irma C. Young	78 Ocean Dr	Saint Augustine, FL 32080
V	Edward A. Young	78 Ocean Dr	Saint Augustine, FL 32080

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 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:

Edward A. Young

Edward A. Young

11/05/03

904-669-5938

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)