

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000025065

1. Corporation Name

FRANKLIN B. MANN, JR., P.A.

Principal Place of Business

Mailing Address

2263 MAIN STREET
FORT MYERS FL 33901

2263 MAIN STREET
FORT MYERS FL 33901

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

03/27/1995

5. FEI Number

65-0576110

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MANN, FRANKLIN B JR	2263 MAIN STREET	FORT MYERS FL 33901

8. Name and Address of Current Registered Agent

MANN, FRANKLIN B JR
2263 MAIN STREET
FORT MYERS FL 33901

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

700002340397-8

-11/06/97-01080-015

****165.18 State Fee \$25.00

FL

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-28-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Franklin B. Mann Jr Pres

Date

Daytime Phone #

10/20/97

741-337-0464

CR20040 (8/97)

FILED

97 OCT 30 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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FRANKLIN B. MANN, JR., P.A.
ATTORNEY AT LAW
10/28/97

2263 MAIN STREET
FORT MYERS, FLORIDA 33901

(941) 337-0464
FAX: (941) 337-7674

Secretary of State
DIVISION OF CORPORATIONS
Annual Report/Reinstatement Section
Post Office Box #6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

With this letter, I am returning the reinstatement form and my annual fee of \$165.00. I did not receive any information from your Office concerning an annual report and therefore did not file such a report. The Notice of Administrative Dissolution or Revocation is the first document I received from your Office this year and came as quite a shock. When I called your Office to inquire about the situation, the person I spoke to advised me to submit this application with my annual fee of \$165.00 together with this letter advising you that I absolutely, positively did not receive any documents from your Office notifying me that I was required to file an Annual Report this year. I am having this letter/statement notarized and hereby attest that the statements I have made concerning my lack of receipt of any notice to file an annual report are being made under oath and are true and correct to the best of my knowledge and belief. Hopefully, you will be able to waive the rather exorbitant reinstatement fee in this case.

Thank you very much for your attention to this matter. If you have any questions, please don't hesitate to call.

Very truly yours,

Franklin B. Mann, Jr.

FBM/pk
Enclosures

STATE OF FLORIDA)

COUNTY OF LEE)

The foregoing instrument was acknowledged before me this 28 day of OCTOBER, 1997, by FRANKLIN B. MANN, JR., who is personally known to me or who has produced a driver's license or _____ as identification and who did take an oath.

(Notary Seal)

Signature of Notary Public

(Print, type or stamp commissioned name of Notary Public)
Commission No. _____

