

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 24 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000048292

1. Corporation Name
FRANK ELECTRONICS INC.

OLD ADDRESS - 2210 JOG ROAD
W.P.B FL, 33415

NEW ADDRESS

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

2450 S. MILITARY TRL

Suite, Apt. #, etc.

UNIT #6

City & State

W.P.B. FL

Zip

33415

Country

U.S.A

3. Mailing Office Address

2450 S. MILITARY TRL

Suite, Apt. #, etc.

UNIT #6

City & State

W.P.B. FL

Zip

33415

Country

U.S.A

B 8/27/07
REINSTATEMENT 04-07
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

6/19/95

5. FEI Number

650610915

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

FRANK S. HART

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

2450 S. MILITARY TRL

Suite, Apt. #, Etc.

City

W.P.B.

State

FL

Zip Code

33415

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date **07/25/07**

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
D	FRANK S. HART	135 PALM BEACH PLANTATION BWD	R.P.B. FL 33415

900108683389
08/23/07--01008--022 **\$500.00

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: X

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/25/07 561-434-1379

Date

Daytime Phone #