

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000049446**

1. Corporation Name

FRANCHECO USA, INC.

FILED

96 NOV -7 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

900 W. SUNRISE BLVD.
FT. LAUDERDALE FL 33311

900 W. SUNRISE BLVD.
FT. LAUDERDALE FL 33311



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

REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/22/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-059 4924

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

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
Executive Vice President	LEGAGNEUR, JEAN G SR.	10634 PEBBLE COVE LANE	BOCA RATON FL
President	CHERON, FRANTZ HENRY	ROUTE NATIONALE # 1 PORT AU PRINCE HAITI	PORT AU PRINCE HAITI
Finance Vice-President	BERNARD, MICHEL	1351 SW 70 AVE	PLANTATION FL 33317
Web Page Maint. Officer	BERNARD, EROLD	21 FORD DRIVE	MASSAPEQUA N.Y. 11758
	BLEUS, GIMMANUEL	5100 SW 115 AVE	COOPER CITY FL 33330

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEGAGNEUR, JEAN G SR.
10634 PEBBLE COVE LANE
BOCA RATON FL

Name

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

800002003998--0

Suite, Apt. #, Etc.

11/14/96-01009-024

City

State

Zip Code

FL

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of

800002003998--0

Signature of Registered Agent

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

11/14/96-01009-025

Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct 3 1996 667-2008