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 # PASSON OF SUICE

FILED

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SECTION OF STATE PLONIDA

Franklin	Road	Enterprises,	Inc.

Principal Place of Business	Mailing Addr	ess						<b>.</b> ()	. 1	(1 -	
7637 S. Dixie West Palm Beac		same		REIN	CATR	ren	IENT	4		47	
	,			# ######	• • • •	• •					
If above addresses are incorrect in a 2. New Principal Office Address, II Ar.		nformation and enter co									
	·		pplicable	Date Incorp     To Do Busi	orated or Qui ness in Florid	alified a	June	30,	. 19	95	
Suite, Apl. #, elc	Suite, Apt. #	, etc.		5. FEI Numbe					Applied I	or	
City & State	City & State	2. / 2* 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,,,,,	65- 6.	059427	9	00.75		lot Appl		
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7 Names and Street Addresses of Ea	and the control of th			····	······································						
	e of Officers or Directors	Offic	et Address of Each er and/or Director Post Office Box N		4	C	City / State /	Zip			
D/M - C+1-2- 11	D11 1	7/27 0		•							
P/T Cynthia H.	. Plockelman	7637 s.	DIXIE HI	gnway	West	PIM	Beach	, I	rL 3	3405	
V/S Raymond H.	. Plockelman	7637 S.	Dixie Hi	ghway	West	Plm	Bch,	FL	334	05	
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						N Y	7	<u> </u>			
							223	<u>5-0</u>	17		
	ess of Current Registered Age	ent	Name	9. Name and	Address of N	ew Regis	stered Ager	it		<sub>@</sub>	
Kenneth M. Kaleel, P.A.					P.O. Box Number is Not Acceptable)						
Suite 301			Suite, Apt. #, Etc.							CR2E	
Boynton Beach, FL 33426			City	,	· ·		State Zi	p Code			
10. I, being appointed the regis) ed a	LL state days consider	ration an familiar with	•	lingting of Coat	007 0505		FL		, 	··.	
Signature of	gan of the phove flamed corp.	oration, am familiar with	and accept the or	ingalions of Sect		. F.S. - 1	-, 10	7			
Registered Agent	REGISTERED AG	ENT MUST SIGN			Date	<i>d</i>	26/7				
11. Does this corporation Dept. of Revenue	lon pay any intang	pible tax to the	tes. Yes[	א ב	7		ther side for		alion		
				,							
<ol> <li>I certify that I am an officer or direct this reinstatement application, the rowed by the corporation have been</li> </ol>	reason for dissolution has been	eliminated, the corpora	ite name satisfies t	the requirements	of section 60	7.0401 or	617 0401	S th	at all tea	· .	
on this application is true and accur	rate, and my signature shall har	ve the same legal effec	t as if made under	oath.	zor poution 1 l	J. (3)(1)	i, r.o. me i	iioima	uon Indk	aleu	
(/_	a WIN	1/		_ /	_/_		•	_			
SIGNATURE: SIGNATURE AND	D TYPED OF PRINTED NAME OF S	SIGNING OFFICER OR DIF	RECTOR	2/2	//92 Date		56/-50 Daytime	SZ Phone	-080 *	67	