

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 19 PM 5:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000059050

1. Corporation Name

MASTER FRANK'S T. K. D., INC.

Principal Place of Business

Mailing Address

13333 S.W. 42ST

13339 S.W. 42ST

MIAMI FL 33172

MIAMI FL 33172

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

4. Date Incorporated or Qualified  
To Do Business in Florida

07/31/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0602707

Applied For

Not Applicable

City & State  
Miami FL

City & State

Zip  
33175

Country  
USA

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LOUREDA, FRANCISCO A	13339 S.W. 42ST	MIAMI FL 33175

700004685797--8  
-11/16/01--01080--008  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOUREDA, FRANCISCO A  
109 60 S.W. 42ST  
MIAMI FL 33165

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

Francisco Loureda

REGISTERED AGENT MUST SIGN

Date

10/15/01

11. 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:

Francisco Loureda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/01

Daytime Phone #

October 15, 2001

2 of 3

To whom it may concern:

In January 2001 I moved location from 13339 SW 42 St to 13331 SW 42 St. I spoke with Katherine Smith in your office and made the address change for Master Frank's TRD, INC. and Master Frank's Foundation For Kids, INC.

Now, I receive the dissolution of corporations and I am very upset. It is not my fault that I did not receive these corporation papers <sup>at the correct address</sup>. These dissolution papers were given to me by the new tenants of my old address recently.

Enclosed please find two checks with the regular fee for renewal because I refuse to pay for reinstatement when I made the correct address change.