PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 NOV 20 PM 12:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P95000077690**

1. Corporation Name

FRANCO PAOLO ENTERPRISES, INC.

REINSTATEMENT

Principal Place of Business	Mailing Address
C/O DEUSCHLE & ASSOCIATES, P.A. 800 S.E. THIRD AVENUE, SUITE 500 FT. LAUDERDALE FL 33316	C/O DEUSCHLE & ASSOCIATES, P.A. 800 S.E. THIRD AVENUE, SUITE 500 FT. LAUDERDALE FL 33316

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
215 NE 16th AVENUE	215 NE 16th AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
POMPANO BEACH, FL	POMPANO BEACH, FL.
City & State	City & State
Zip 33060 Country U.S.A.	Zip 33060 Country U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida: 10/06/1995

5. FEI Number: 65-0612790 ☐ 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
PD/V	SPERTUS, ARLENE MD	215 NE 16 AVENUE	POMPANO BEACH FL 33060
VPD	SORTINO, IRENE	211 NE 15 AVENUE	POMPANO BEACH FL 33060
S	SORTINO, JOHN MD	215 NE 16 AVENUE	POMPANO BEACH FL 33060
D	ELIA, ANGELO	5430 NE 25TH AVENUE	FT. LAUDERDALE FL 33308

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****758.75 ****758.75

8. Name and Address of Current Registered Agent

HALE, CHRISTOPHER D ESQUIRE
C/O DEUSCHLE & ASSOCIATES, P.A.
800 S.E. THIRD AVENUE, SUITE 500
FT. LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

Name: ARLENE SPERTUS M.D.
Street Address (P.O. Box Number is Not Acceptable): 215 NE 16th AVENUE
Suite, Apt. #, Etc.:
City: POMPANO BEACH State: FL Zip Code: 33060

CR2E040 (8/97)

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: Arlene Spertus MD Date: 11/14/97
REGISTERED AGENT MUST SIGN

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: Arlene Spertus MD 11/14/97 (954) 493-9980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #