

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 192

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 17 AM 8:00

DOCUMENT # **P96000019467**

1. Corporation Name

MULTI-SPECIALTY MARKETS, INC.

Principal Place of Business

1333 B NORTH WASHINGTON
SARASOTA FL 34236

Mailing Address

4723 TRAYLOR AVENUE
SARASOTA FL 34234

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/1996

5. FEI Number

65-0647454

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	4 City / State / Zip
PVPS	FRANK FELICIANO	4723 TRAYLOR AVE	SARASOTA FL

300041122249
09/17/04--01051--002 **300.00

8. Name and Address of Current Registered Agent

HARRELL, DONALD J
2033 NAIN STREET STE 300
SARASOTA FL 34237

9. Name and Address of New Registered Agent

Name **Frank Feliciano**
Street Address (P.O. Box Number is Not Acceptable)
4723 Traylor Ave
Suite, Apt. #, Etc.
City **Sarasota** State **FL** Zip Code **34234**

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. or 617.0505, F.S.

Signature of
Registered Agent

Frank Feliciano
REGISTERED AGENT MUST SIGN

Date

9/9/04

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:

Frank Feliciano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/04
Date

(941) 355-2609
Daytime Phone #

CR2040 (7/03)

292

Multi-Specialty Markets, Inc.
4723 Traylor Ave.
Sarasota, Fl. 34234
Ph: 941.355.2609

Florida Dept. of State,
Division of Corporations:

2003 UBR

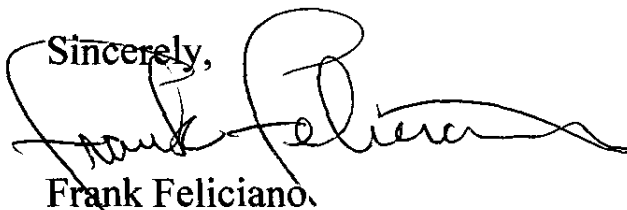
Sept. 10, 2004

I, Frank Feliciano (Pres.), of the above listed corporation respectively submit this letter requesting a wavier of the reinstatement fee. I did not receive the UBR notices and only recently was notified by my attorneys that the corporation is considered as "inactive".

As per my conversation with Tyrone Scott (Division of Corporations) from your office, I've included a completed application for reinstatement and a corporate check for two years of filing fees in the total amount of \$300.00.

I apologize for any inconvenience to you on this matter and thank you for your cooperation.

Sincerely,



Frank Feliciano