

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 21 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000043009

1. Corporation Name

WILLIAM FREDERICK MANAGEMENT, INC.

Principal Place of Business

Mailing Address

~~1901--13th Street--~~
Tampa, FL 33605-

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

2. New Principal Office Address, If Applicable

511 W. Bay Street

Suite, Apt. #, etc.
Suite 400

City & State
Tampa FL 33606

Zip
33606

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip
Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3404823

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DIR	WILLIAM F. POE, JR.	206 LOCUST DR.	BRANDON, FL 33511
PRES	WILLIAM F. POE, SR.	70 LADOGA AVE.	TAMPA, FL 33606
DIR	CHARLES E. POE	70 LADOGA AVE.	TAMPA, FL 33606
DIR	KEREN POE FOSTER	525 SUWANEE CIRCLE	TAMPA, FL 33606
SEC	MARILYN P. LUNSKIS	74 COLUMBIA DRIVE	TAMPA, FL 33606
VP	JANICE MITCHELL	119 HICKORY CREEK BLVD.	BRANDON, FL 33511
DIR	JAN JACOB MEDER	12213 WOOD DUCK PLACE	TAMPA, FL 33617
CEO			
TREAS			

8. Name and Address of Current Registered Agent

Marilyn P. Lunskis
~~1901--13th Street~~ 74 COLUMBIA DR.
Tampa--FL--33605-- TAMPA, FL 33606

9. Name and Address of New Registered Agent

Name
74 Columbia Dr.
Street Address (P.O. Box Number is Not Acceptable)
74 Columbia Dr.
Suite, Apt. #, Etc.

City
Tampa

State
FL

Zip Code
33606

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

Marilyn P. Lunskis
REGISTERED AGENT MUST SIGN

REINSTATEMENT

97
11-21-97

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)(j), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. JACOB MEDER, CFO & TREASURER

11-18-97 (813) 259-4004
Date Daytime Phone #

CR20040 (1/96)