


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

06 FEB -7 PM 12:19

STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P 96000063615**  
1. Corporation Name **FIRST NATIONAL INC**

300067455713  
03/09/06--01019--012 \*\*\*450.00

REINSTATEMENT 09-06

2. Principal Office Address  
**8541 LAWSON CIR.**  
Suite, Apt. #, etc.  
City & State  
**BOYNTON BEACH FL.**  
Zip  
**33437**  
Country  
**USA**

3. Mailing Office Address  
**SAME**  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

4. Date Incorporated or Qualified To Do Business in Florida **7-29-1996**

5. FEI Number  
**593393512**  
Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name  
**LAWRENCE GROSSER**  
Street Address (P.O. Box Number is Not Acceptable)  
**9324 SUN RIVER WAY**  
Suite, Apt. #, Etc.  
City  
**ESTERO**  
State  
**FL**  
Zip Code  
**33928**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  
Date **1-20-06**  
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C.O.B.	SUSAN GROSSER	8541 LAWSON CIR	BOYNTON BEACH FL 33437

10. 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 contained in Chapter 119, 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: **SUSAN GROSSER**  
**Susan Grosser** C.O.B. 1-20-06 561-739-9905  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

292

# FIRST NATIONAL INC.

8541 LAWSON CIRCLE

BOYNTON BEACH FL. 33437

TELEPHONE 561-739-9905

01/20/06

TO WHOM IT MAY CONCERN.

I AM SENDING TODAY A CHECK FOR \$1050.00 TO HAVE MY CORPORATION REINSTATED.

I WOULD LIKE TO INFORM YOU THAT I HAVE NOT RECEIVED ANY RENEWAL NOTIFICATIONS FROM THE STATE FOR THE ANNUAL RENEWAL OF MY CORPORATION FOR THE YEARS OF 2004, 2005 AND 2006.

IF YOU LOOK AT OUR PAST HISTORY YOU WILL SEE THAT OUR PAYMENTS HAVE BEEN VERY PROMPT WHEN RENEWING OUR CORPORATION IN THE PAST.

AND THAT WE HAVE PAID OUR FLORIDA TAXES AND OUR FLORIDA UC FUND PAYMENTS ON A TIMELY BASIS YEAR AFTER YEAR SINCE 1996.

I WOULD APPRECIATE, IF POSSIBLE, A REFUND OF THE PENALTIES.

IF I WOULD HAVE RECEIVED THE PROPER NOTIFICATION, I WOULD HAVE MADE A TIMELY PAYMENT, AS I HAVE DONE IN THE PAST.

YOURS TRULY



SUSAN GROSSER  
CHAIRMAN OF THE BOARD