

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 OCT 16 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000049958**

1. Corporation Name

**FRANKLIN ROSS, INC.**

Principal Place of Business

210 N. UNIVERSITY DR  
STE 705  
CORAL SPRINGS FL 33071  
US

Mailing Address

210 N. UNIVERSITY DR  
STE 705  
CORAL SPRINGS FL 33071  
US



**REINSTATEMENT 03**

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

2. New Principal Office Address, If Applicable

6118 NW 62nd Ter

Suite, Apt. #, etc. -

City & State  
Parkland FL

Zip 33067 Country USA

3. New Mailing Office Address, If Applicable

STATE 6118 NW 62nd Ter

Suite, Apt. #, etc. -

City & State  
Parkland FL

Zip 33067 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/05/1997

5. FEI Number

65-0772236

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 3	City / State / Zip 4
<del>P</del>	<del>ROSS, MARK G</del>	<del>210 N. UNIVERSITY DR</del>	<del>CORAL SPRINGS FL 33071</del>
P	ROSS, MARK G	6118 NW 62nd Ter	Parkland FL 33067

100023854321  
10/16/03-01039-015 \*\*150.00

8. Name and Address of Current Registered Agent

ROSS, MARK G  
210 N UNIVERSITY DR  
STE 705  
CORAL SPRINGS FL 33071

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-14-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-1403

954-757-7100

CR2E040 (7/03)




10-14-03

To Whom this may Concern;

MY company moved and did not receive the renewal  
Notice. Please allow me to apply to have the  
reinstatement fee waived.

Thank You

  
Mark Ross

President

Franklin Ross Inc.