

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 APR 10 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000058267

1. Corporation Name

FRANAN INVESTMENTS, INC.

2. Principal Office Address

% Frank McMillan

Suite, Apt. #, etc.

655 N. Wymore Rd #101

City & State

Winter Park Fl.

Zip

32789

Country

USA

3. Mailing Office Address

% Frank McMillan

Suite, Apt. #, etc.

655 N Wymore Rd #101

City & State

Winter Park Fl

Zip

32789

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

7/02/1997

5. FEI Number

583467761

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

FRANK McMILLAN

Street Address (P.O. Box Number is Not Acceptable)

655 N. Wymore Rd #101

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32789

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

Frank McMillan

Date 4/4/06

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
<u>PSD</u> <u>ED</u>	<u>FRANK McMILLAN</u>	<u>655 N Wymore Rd.</u>	<u>Winter Park Fl 32789</u>
<u>VP</u> <u>ED</u>	<u>NANCY McMILLAN</u>	<u>655 N. Wymore Rd.</u>	<u>Winter Park Fl 32789</u>

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10. 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:

Frank McMillan Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/4/06

Daytime Phone #

407-644-7200

K. Eckel APR 11 2006