

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
and a B. Adm. Serv.  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 SEP 29 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000085405

1. Corporation Name

Franson, Inc.

Principal Place of Business

Mailing Address

Brevard County  
Florida

1326 Canterbury Lane  
Rockledge, FL 32955

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

2. New Principal Office Address, If Applicable

1130 Woodsmere Pkwy  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1130 Woodsmere Pkwy  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

January 1, 1998

5. FEI Number

65-0788937

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

City & State  
Rockledge, FL

City & State  
Rockledge, FL

Zip  
32955

Country  
USA

Zip  
32955

Country  
USA

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/T/ S/D	Lou Ann Cauffman	1130 Woodsmere Pkwy	Rockledge, FL 32955

8. Name and Address of Current Registered Agent

Francine J. Kriegsmann  
1236 Canterbury Lane  
Rockledge, FL 32955

9. Name and Address of New Registered Agent

Name  
Lou Ann Cauffman  
Street Address (P.O. Box Number is Not Acceptable)  
1130 Woodsmere Pkwy  
Suite, Apt. #, Etc.

City  
Rockledge

State  
FL

Zip Code  
32955

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

*Lou Ann Cauffman*  
REGISTERED AGENT MUST SIGN

Date

9/27/99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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)(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:

*Lou Ann Cauffman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/27/99

Daytime Phone #

632-  
8999