

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 19 PM 5:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000029130

1. Corporation Name

FRANK AUDIO CORPORATION

2. Principal Office Address

738 Canal Street
Suite, Apt. #, etc.

3. Mailing Office Address

738 Canal Street
Suite, Apt. #, etc.

City & State

New Smyrna FL

City & State

New Smyrna FL

Zip

32168

Country

Volusia

Zip

32168

Country

Volusia

4. Date Incorporated or Qualified
To Do Business in Florida

98

5. FEI Number

59-3501514

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-05

7. Name and Address of Current Registered Agent

Name

Frank Luznar IV

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

1404 Queen Palm Dr

Suite, Apt. #, Etc.

City

Edgewater

State

FL

Zip Code

32132

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

ALP

Date

1-11-05

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>P/D</u>	<u>Frank Luznar IV</u>	<u>1404 Queen Palm Dr</u>	<u>Edgewater FL 32132</u>

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01/19/05--01008--018 **1350.00

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 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:

ALP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-11-05

Daytime Phone #

CR2E081 (01/05)