

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 DEC 17 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000055960

1. Corporation Name

FROGINHOOD AND FRIENDS, INC.

2. Principal Office Address **B**
2685 CYPRESS ~~W~~END DR.3. Mailing Office Address **B**
2685 CYPRESS ~~W~~END DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CLEARWATER, FLCity & State
CLEARWATER, FLZip
33761Country
USAZip
33761Country
USA4. Date Incorporated or Qualified
To Do Business in Florida 06/23/19985. FEI Number
59-3544124Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

MRS

7. Name and Address of Current Registered Agent

Name
JENNINGS, THOMAS C IIIStreet Address (P.O. Box Number is Not Acceptable)
703 COURT STREET

Suite, Apt. #, Etc.

City
CLEARWATERState Zip Code
FL 33756-550712/26/03--01075--018 * 150.00
12/26/03--01075--018 * 150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of
Registered Agent

Thomas Jennings

JENNINGS, THOMAS C III

Date 12.16.03

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
ST	BRUMETT, JASON	2685 CYPRESS W END DR.	CLEARWATER, FL 33761
DP	BRUMETT, JONAS	2685 CYPRESS W END DR.	CLEARWATER, FL 33761

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:

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JASON BRUMETT

Date

Daytime Phone #

12-16-03

727 797-6343

C725601 (2/01)

DATE: 12-15-03

TO: DIVISION OF CORPORATIONS
REINSTATEMENT SECTION

FROM: JONAS BRUMETT
FROGINHOOD AND FRIENDS, INC.

We did not receive from you the ²⁰⁰³ Uniform Business Report by mail.

Please file our renewal.

If you have any questions please contact us at 727-797-6343 FAX 727-797-6453



Thanks,

JONAS BRUMETT
FROGINHOOD AND FRIENDS, INC.

P.S. Our Corporate address changed this year.