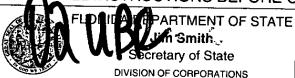
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FOR REINSTATEMENT



P98000069141 **DOCUMENT #** 

1. Corporation Name

FRANOSZ INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

3512 US HWY 41 N.

3512 US HWY 41 N.

SECRETARY OF STATE PROVISION OF CORPORATIONS

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If above	addresses are incorrect in any wa	ay, line through incorrect	information and ente	r correction below					
2. New Pr	incipal Office Address, If Applicat	ole 3. New Mai	ling Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     Oo/07/4000				
Suite, Apt. #, etc. Suite,			uite, Apt. #, etc.		5. FEI Number Applied For				
City & State City & S			ity & State		65-0856047 Applied For				
Žip	Country	Zip	Coun	try	6. CERTIFICAT	E OF STATUS DESIRED	S8	.75 Additional Fee requir	
7. Names	and Street Addresses of Each Of	ficer and/or Director (Flo	orida nonprofit corpo	rations must list at lea	1	<del></del>		ior a Certificate of Status	
Title(s)	Name of Off and/or Direct	ficers	S	reet Address of Each					
PD	FRANOSZ, HELENA	621 LANTERN RIDGE DR.			WINSTON-SALEM NC 27104				
STD	FRANOSZ, ANDREW T		3512 US HWY 41 N.			PALMETTO FL 34221			
					11/0°	7 <del>00089</del> 7/0201005-	<del>4 2</del> 4 004	<b>348</b> **158.75	
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
FRANO	SZ, ANDREW T	Name		د من چا <del>ندو سن</del> ر					
	S HWY 41 N.			Street Address (P.O. Box Number is Not Acceptable)					
PALME	TTO FL 34221	Suite, Apt. #, Etc.							
·				City		<u>-</u>	State	Zip Code	
I, being      ignature of  legistered A	appointed the registered agent of	the above named corpor	REQU		igations of Section	Date			
1. I certify the this reinst owed by the on this an	nat I am an officer or director or the tatement application, the reason for the corporation have been paid as application is true and accurate and	ne receiver or trustee emp	powered to execute	this application as pro rate name satisfies th n do not qualify for an	ovided for in chap e requirements of a exemption under	ter 607 or 617, F.S. (	further o	ertify that when filing	

SIGNATURE:

SIGNATURE AND TYPER OR PRINTED NAME OF SIGNING

Andrew T. Franosz 3512 US Hwy 41 North Palmetto, FL 34221

October 30, 2002

Florida Department of State Division of Corporations 409 East Gaines St. Tallahassee, FL 32339

Dear Florida Department of State,

I am filing my application for reinstatement of my corporation. We did not receive any prior mailings of the UBR in order to file the renewals on time. Thank you for your consideration.

Andrew T. Franosz

Francez International, Inc.

Enclosure (1)

Application for Reinstatement (Document # P98000069141)

Segnel Lefon Me, a Motary Public State of -Thoriba, Manate County. Oct. 30, 2002

Personally Tran

