

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
John Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 NOV -7 AM 8:01

DOCUMENT # P98000069141

1. Corporation Name

FRANOSZ INTERNATIONAL, INC.

Principal Place of Business

3512 US HWY 41 N.  
PALMETTO FL 34221

Mailing Address

3512 US HWY 41 N.  
PALMETTO FL 34221



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/07/1998

5. FEI Number

65-0856047

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required  
for a Certificate of Status

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	4 City / State / Zip
PD	FRANOSZ, HELENA	621 LANTERN RIDGE DR.	WINSTON-SALEM NC 27104
STD	FRANOSZ, ANDREW T	3512 US HWY 41 N.	PALMETTO FL 34221

8000008942648  
11/07/02--01005--004 \*\*158.75

8. Name and Address of Current Registered Agent

FRANOSZ, ANDREW T  
3512 US HWY 41 N.  
PALMETTO FL 34221

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/21/02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/02  
Date

(941) 730-5018  
Daytime Phone #

CR2E040 (8/02)

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



Franosz International, Inc.

Enclosure (1)

Application for Reinstatement (Document # P98000069141)

*Signed Before Me, a Notary Public, State of  
Florida, Manatee County. Oct. 30, 2002*

*Personally Known*  
*V. Kay Moore*

