

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 13 PM 5:26

DOCUMENT # P99000058941

1. Corporation Name

FRONT 5, INC.

Principal Place of Business

Mailing Address

3427 WEST TAMPA BAY BLVD.
TAMPA FL 33607

3427 WEST TAMPA BAY BLVD.
TAMPA FL 33607



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

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
D	WEAVER, DARRYL	1411 SYMPHONY COURT	ORLANDO FL 32804

100003487441--1
-12/05/00--01047--022
****158.75 ****158.75

10/11/29

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WEAVER, DARRYL J
1411 SYMPHONY COURT
ORLANDO FL 32804

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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

Date

Daytime Phone #

(941)792 0447

CR2E040 (8/00)

P99000058941

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 323214

To Whom It May Concern,

I recently received a Notice of Administrative Dissolution or Revocation. I spoke to a representative of your office on the phone to explain my circumstances and was instructed to write this letter and enclose the attached registration fee.

I never received any filing form or notification of a need to file an annual report prior to the receipt of the referenced Notice of Dissolution. This is my first involvement with a Corporation and as such I was not aware of the "annual report" requirements. As highlighted in the notice, the principal place of business is 3427 W. Tampa Bay Blvd. This address had previously served as a residence for approximately 10 residents. The prior residents continue to pick-up mail out of my mail box. I suspect that they may have inadvertently taken prior correspondence regarding the annual report requirements. I do not reside at nor conduct business out of this address on a full time basis (part time only) and as such retrieve the mail on a periodic basis. In addition my address, as agent, was 1411 Symphony Court. I have subsequently moved to 1115 Cimarron Circle NW, Bradenton, FL 34209. I would like to make this my mailing address for all correspondence regarding Front 5 corp.

Due to my circumstances in accordance with your staff members instructions, I am writing to ask that the re-filing fee be waived. I have enclosed a renewal fee \$150.00. I apologize for not being aware of this requirement and thank you for your cooperation.

Sincerely,

Darryl Weaver

*In the event that you are able to accommodate this request
please fax confirmation of reinstatement
to 941-955-8183 Attn: Darryl Weaver*