

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000058941

1. Corporation Name

FRONT 5, INC.

Principal Place of Business

Mailing Address

3427 TAMPA BAY BLVD.  
TAMPA FL 33607

~~1511 CIMARRON CIRCLE~~  
BRADENTON FL 34209

REINSTATEMENT 03



200024197272  
10/29/03--01023--013 \*\*150.00

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

5. FEI Number

59-3589526

Applied For

Not Applicable

Zip

Country

Zip

Country

34209

MAVATEE

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
P	WEAVER, DARRYL	1115 CIMARRON CIRCLE NW	BRADENTON FL 34209

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WEAVER, DARRYL J  
1115 CIMARRON CIRCLE NW  
BRADENTON FL 34209

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

REGISTERED AGENT MUST SIGN

Date

10/20/03

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)(l), 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

DARRYL J. WEAVER

10/20/03

Date

941-792-0447

Daytime Phone #

CR2E040 (7/03)

I did not receive a annual report  
UBR Report for 2003. As noted in  
the attached revocation notice

the mailing address was  
incorrect. I have made the  
correction to the address.

Thank you for your cooperation  
~~TU~~  
Darryl Hebble President Front 5  
DTC.