

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
07 JAN -2 AM 8:59

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000062766

1. Corporation Name

FRAMEWORK RESOURCES, INC.

2. Principal Office Address

3725 W. GRACE ST.

Suite, Apt. #, etc.

S-120

City & State

TAMPA, FL

Zip

33607

Country

USA

3. Mailing Office Address

4312 W. SYLVAN RAMBLE

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33609

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

7/8/99

5. FEI Number

59-3591841

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

05-06

7. Name and Address of Current Registered Agent

Name

WALT BATANSKY

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

4312 W. SYLVAN RAMBLE ST.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33609

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Walt Batansky*

REGISTERED AGENT MUST SIGN

Date 12/28/06

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
DP	WALT BATANSKY	4312 W. SYLVAN RAMBLE ST.	TAMPA, FL 33609
T	KAROL BATANSKY	4312 W. SYLVAN RAMBLE ST.	TAMPA, FL 33609

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 contained in Chapter 119, 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:

*Walt Batansky*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/06

Date

813-288-8585

Daytime Phone #

# Framework Resources, Inc.

December 28, 2006

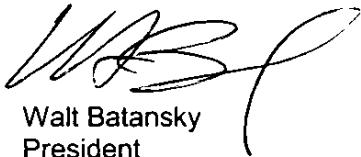
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Corporation Reinstatement

Dear Sirs,

Enclosed is a check and application to reinstate our corporation. Both our principal office address and our mailing office address changed in 2004 and I did not receive an annual report notice for 2005. Therefore, I am enclosing Annual Report fees and the Corporate Supplemental fees for 2005 and 2006 in the amount of \$300. Your assistance is greatly appreciated. Thank you.

Cordially,



Walt Batansky  
President