

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # S15461

1. Corporation Name

FRANCHISE DIRECTOR INCORPORATED

Principal Place of Business

Mailing Address

PO BOX 4637
DEERFIELD BEACH FL 33442-4637
US

15613 FISHER ISLAND DR.
FISHER ISLAND FL 33109
US

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

11/26/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0225905

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	O'GRADY, DANIEL	156-13 FISHER ISLAND DR	MIAMI FL

4000004698324-3
-11/29/01--01050--008
***150.00 ***150.00

SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

O'GRADY, DANIEL
15612-13 FISHER ISLAND DR
MIAMI FL 33109

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 607.05C5, F.S.

Signature of
Registered Agent

Daniel O'Grady
REGISTERED AGENT MUST SIGN

Date

10/19/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/01

305-558-3971
Daytime Phone #

PA9927

TO: FLORIDA DEPARTMENT OF STATE

FEDERAL EXPRESS

FROM: DANIEL AND MONETTE O'GRADY

Airbill /823632499527

SUBJECT ; NOTICE OF DISSOLUTION

DATE: October 15, 2001

We own three corporations. We always pay our filing fee on time for all three.
The three companies are noted:

- Prime Sites Inc.
- Franchise Director Inc.
- Professional Marketing Administrative Consultant

Today we received a notice of Dissolution for Professional Marketing Consultants and immediately we knew something was wrong.
We went on line to check the other corporations and found the same event had occurred.

We issued checks from our Quicken as follows: Copies of the Quicken Report are provided as proof. We warrant this is true and accurate information.

• Prime Sites Inc. Check number 1082 Dated February 9 th 2001 \$150
• Franchise Director Inc. Check number 1004 Dated February 9 th 2001 \$150
• Professional Marketing Consultants Check number 1001 Dated February 9 th 2001 \$150.

On August 10 and 13th 2001 we notified the State of an address change to keep all of our records current. Another circumstance that we feel CLEARLY shows that we assumed all was in order in our filings on February 9th 2001. This is noted on each of the reports.

Obviously unbeknownst to us none of the checks issued were received by the State and caused us this problem which came to our attention as a result of the notice received today.

We are enclosing replacement checks and asking the State to recognize this error was not ours but obviously was caused by the United States Mail.
We ask your consideration for reinstatement without the penalty usually applied for those intending to dissolve are clearly ones ignorance.

Thank you and please contact us at (305) 538-3971 so we may know that all is in order once again.

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S15461**

1. Entity Name

FRANCHISE DIRECTOR INCORPORATED

Principal Place of Business

**PO BOX 4837
DEERFIELD BEACH FL 33442-4837
US**

Mailing Address

**P O BOX 4837
DEERFIELD BCH FL 33442-637
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Name and Address of Current Registered Agent

**O'GRADY, DANIEL
15612-13 FISHER ISLAND DR- 15613 Fisher Island Dr
MIAMI FL 33109**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution ☐**\$5.00 May Be Added to Fees**

11.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**P****O'GRADY, DANIEL
15612-13 FISHER ISLAND DR-
MIAMI FL**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP**15613 Fisher Island Drive**☐ Change ☐ Addition

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the sole owner or business empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an assignment with an address, with authority like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

4/10/01

(305) 538-3971

Date

Telephone Phone #

mailed 4/10/01

original filing 3/4
6/1

DO NOT WRITE IN THIS SPACE

4. FEI Number

05-0225805

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

CPS-F1034 (10-00)

FROM : Panasonic PPF

OCT. 23. 2001 1:14PM P 2

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FRANCHISE DIRECTORS, INC. P.O. BOX 4897 DEERFIELD BEACH, FL 33442-4898		<small>ORIENTAL BANK, N.M. 800 SOUTH BIRDAVIE BLVD. MIAMI, FLORIDA 33134</small>	
PAY TO THE ORDER OF <u>Department of State</u>		1004	
<u>One hundred & 150/100</u>		4-1-01	
DOLLARS		<small>00-004/2001 00</small>	
Private Banking			
MEMO	<u>10010004 125709045512 00300800361</u>		