

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
VISITOR SERVICES  
CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 FEB -8 9 AM 9:43  
6:00

DOCUMENT #

V16505

1. Corporation Name

FRANKLIN STREET  
ST NEW INC

9/24/99

2. Principal Office Address 604 FRANKLIN ST

GITA PATEL

3. Mailing Office Address

604. NORTH FRANKLIN ST

Suite, Apt. #, etc.

FA

Suite, Apt. #, etc.

FA

City & State

TAMPA FL

City & State

TAMPA FL

Zip

FL 33705

Country

USA

Zip

33705

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-1637877

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

GITA PATEL

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

2626 E BAY ISLE DR

Suite, Apt. #, Etc.

ST.

City

ST. PETERSBURG

State

FL

Zip Code

33705

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

Gita Patel

REGISTERED AGENT MUST SIGN

Date 2/7/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles         | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip      |
|----------------|--------------------------------------|---|-------------------------|
| President      | GITA PATEL                           | 2626 E BAY ISLE DR<br>ST                          | St. Petersburg FL 33705 |
| Mrs. President | BHASKER PATEL                        | 2626 E Bay Isle DR                                | St. Petersburg FL 33705 |
|                |                                      |   |                         |
|                |                                      |   |                         |
|                |                                      |   |                         |
|                |                                      |   |                         |
|                |                                      |   |                         |
|                |                                      |   |                         |

REINSTATEMENT 1999-2000

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 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:

Gita Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00

Date

813-276-1710

Daytime Phone #