PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 FEB -8 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000107831

1. Corporation Name
CP Franchising, Inc

2. Principal Office Address	3. Mailing Office Address
3300 University Dr	SAME
Suite, Apt. #, etc.: Suite 602	Suite, Apt. #, etc.
City & State: Coral Springs, FL	City & State
Zip: 33065 Country: USA	Zip Country

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida: 1/1/99

5. FEI Number: 65-0885833 ☐ 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: Lynn Korn
Street Address (P.O. Box Number is Not Acceptable): 5909 NW 126 TERR
Suite, Apt. #, Etc.:
City: Coral Springs State: FL Zip Code: 33376

200003138092--4
-02/16/00--01096--014
*****8.75 *****8.75
LS
200003138092--4
-02/16/00--01096--015
*****78.75 *****78.75

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: Lynn Korn — REGISTERED AGENT MUST SIGN — Date: 2/7/00

CR2E081 (9/99)

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
Pres	Lynn Korn	5909 NW 126 TERR	Coral Springs FL 33076
V.P.	Michelle Fee	9278 NW 13 Place	Coral Springs FL 33071
Secy	Marvin Davis	21490 Laguna DR	Boca Raton, FL 33433

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: Lynn Korn LYNN KORN 2/7/00 954 344-8060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #