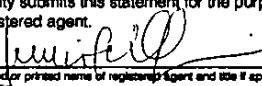
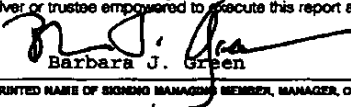


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 MAR 30 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M01000001220					
1. Entity Name FRANKLIN TEMPLETON COMPANIES, LLC					
Principal Place of Business ONE FRANKLIN PKWY. SAN MATEO, CA 94403-1906			Mailing Address ONE FRANKLIN PARKWAY LEGAL SM 920/2 SAN MATEO, CA 94403-1906 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03152007 REIN-LLC CR2E101 (1/07)	
4. FEI Number 94-3382187				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SEIDMAN, LAURA R 500 E. BROWARD BLVD SUITE 2100 FT LAUDERDALE, FL 33394-3091			Name CT Corporation System		
			Street Address (P.O. Box Number is Not Acceptable)		
			1200 South Pine Island Road		
			City Plantation FL Zip Code 33324		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 			JENNIFER QUINN Assistant Secretary		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
DATE 3/26/07					
FILE NOW!!! FEE IS \$200.00					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TEMPLETON WORLDWIDE, INC. 500 EAST BROWARD BLVD, STE 2100 FORT LAUDERDALE, FL 333943091	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900095918449 04/05/07--01056--025 **200.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.					
SIGNATURE: 			March 22, 2007 650.525.7188		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

REINSTATEMENT

2006-2007