

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 18 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000003472

1. Corporation Name

FRANCHISE PORTFOLIO 1, INC.

Principal Place of Business

Mailing Address

1 CIT DR.
ATTN: TIMOTHY WHITE, ESQ.
LIVINGSTON NJ 07039

1 CIT DR. #1320-1
ATTN: TIMOTHY WHITE, ESQ.
LIVINGSTON NJ 07039



REINSTATEMENT

03

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

07/08/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

04-3694551

Applied For

Not Applicable

City & State

City & State

LIVINGSTON, NJ

Zip

Country

Zip

Country

07039

USA

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CP	HARMS, DON	1 CIT DR.	LIVINGSTON NJ 07039
D	DAVIS, DENNIS	1 CIT DR.	LIVINGSTON NJ 07039
DT	BRUNE, MICHAEL	1 CIT DR.	LIVINGSTON NJ 07039
VP	WHITE, TIMOTHY J	1 CIT DR.	LIVINGSTON NJ 07039
S	MANDELBAUM, ERIC S	1 CIT DR.	LIVINGSTON NJ 07039
Asst. Sec.	SEUFERT, LINDA M.	1 CIT DR.	LIVINGSTON, NJ 07039

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0505, F.S. or 617.0505, F.S.

Jill E. Kranz

Assistant Secretary

100024774521
11/18/03--01018--006 **750.00

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/20/03

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]
LINDA SEUFERT ASST. SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/2003 973.740.5796

CR2E040 (7/03)