PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F0200003472

1. Corporation Name

FRANCHISE PORTFOLIO 1, INC.

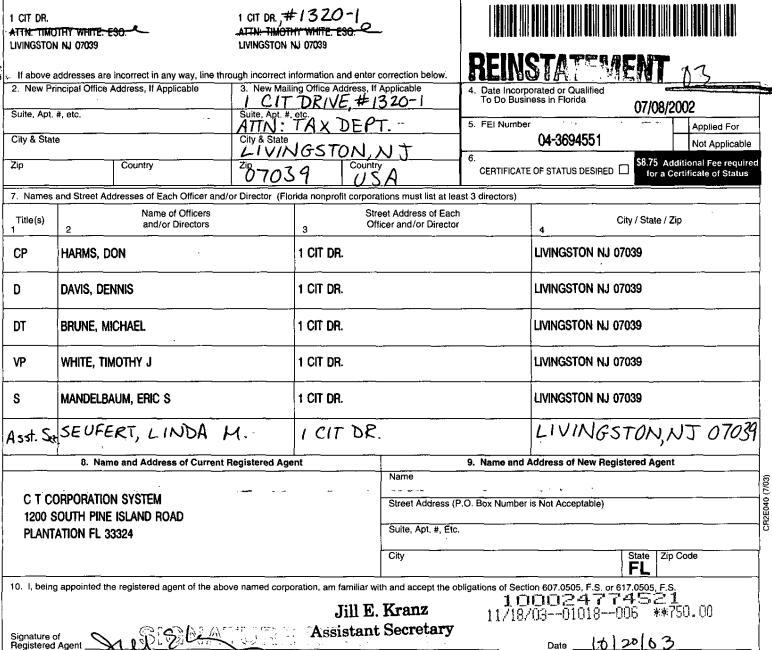
Principal Place of Business

Mailing Address

FILED

03 NOV 18 AM 9:31

SECRETARY OF STATE FALLAHASSEE. FLORIDA



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.

JERED AGENT MUST SIGN

SIGNATURE:

SIGNATURE AND TYPED OF PENTED NAME OF SIGNING OFFICER OR DIRECTOR

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10/10/2003 973.740.5796

Davtime Phone #