

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 04000005516

1. Corporation Name

FRANKLIN HOMES, INC. II

2. Principal Office Address - No P.O. Box #

10655 HWY 43

Suite, Apt. #, etc.

City & State

Russellville, AL

Zip

35653

Country

USA

3. Mailing Office Address

10655 HWY 43

Suite, Apt. #, etc.

City & State

Russellville, AL

Zip

35653

Country

USA

**REINSTATEMENT** 05-07

4. Date Incorporated or Qualified  
To Do Business in Florida

2-17-1969

5. FEI Number

63-0573970

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

James Moody

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

5189 Beachwalk Drive

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32550

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*James Moody*

REGISTERED AGENT MUST SIGN

Date 10-16-07

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.	Peter James	10655 HWY 43	Russellville, AL 35653
Vice-Pres.	Julie Taylor	10655 HWY 43	Russellville, AL 35653
Sec/Treas.	Gwen Brown	10655 HWY 43	Russellville, AL 35653
Chairman	Jerry James	10655 HWY 43	Russellville, AL 35653
Director	Wayne Cotton	10655 HWY 43	Russellville, AL 35653

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 contained in Chapter 119, 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:

*Peter James*

Peter James, President 10-16-07 (256)332-4510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #