
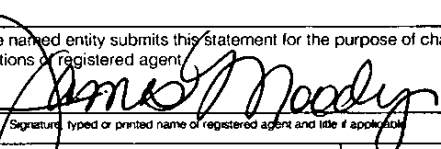
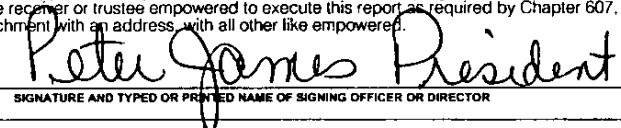


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 10, 2008 8:00 A.M.
Secretary of State

DOCUMENT # F04000005516					
1. Entity Name FRANKLIN HOMES, INC. II					
Principal Place of Business 10655 HIGHWAY 43 RUSSELLVILLE, AL 35653			Mailing Address 10655 HIGHWAY 43 RUSSELLVILLE, AL 35653		
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	4. FEI Number 63-0573970	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MOODY, JAMES 5189 BEACHWALK DRIVE DESTIN, FL 32550				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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  James Moody				DATE 10-9-08	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$750.00 After January 1, 2009, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, PETER			NAME	400136806534
STREET ADDRESS	10655 HIGHWAY 43			STREET ADDRESS	10/10/08--01015--011 **758.75
CITY-ST-ZIP	RUSSELLVILLE, AL 35653			CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, JULIE			NAME	
STREET ADDRESS	10655 HIGHWAY 43			STREET ADDRESS	
CITY-ST-ZIP	RUSSELLVILLE, AL 35653			CITY-ST-ZIP	
TITLE	ST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, GWEN			NAME	
STREET ADDRESS	10655 HIGHWAY 43			STREET ADDRESS	
CITY-ST-ZIP	RUSSELLVILLE, AL 35653			CITY-ST-ZIP	
TITLE	C	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, JERRY			NAME	
STREET ADDRESS	10655 HIGHWAY 43			STREET ADDRESS	
CITY-ST-ZIP	RUSSELLVILLE, AL 35653			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTTON, WAYNE			NAME	
STREET ADDRESS	10655 HIGHWAY 43			STREET ADDRESS	
CITY-ST-ZIP	RUSSELLVILLE, AL 35653			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Peter James President				Date 10-9-08 Daytime Phone # 256-332-4510	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

REINSTATEMENT 08

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10/10