

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 DEC 28 PM 3:12

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F46836**

1. Corporation Name
FRANKLIN PROFESSIONAL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
10225 ULMERTON RD BUILDING 1A LARGO FL 34641-3519 US	10225 ULMERTON ROAD BUILDING 1A LARGO FL 34641-3519 US
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 10/01/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2113251	
City & State		City & State		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	FRANKLIN, MARK S	10225 ULMERTON RD BLDG 1A	LARGO, FLORIDA 00000
			200002734622--8 -01/08/99--01084--007 ****750.00 ****750.00
			REINSTATEMENT 98 B. 2/29/98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GASSMAN, ALAN S ESQ. 1245 COURT STREET SUITE 102 CLEARWATER FL 33756		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	

10. I, being appointed the registered agent of the above corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent **SIGNATURE REQUIRED** Date **11/17/97**
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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 REQUIRED** Date **11/17/97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2EDM (9/98)