

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F94000000101

1. Corporation Name

FRANKLIN MORTGAGE CAPITAL CORPORATION

Principal Place of Business

3180 FAIRVIEW PARK DR.
SUITE 200
FALLS CHURCH VA 22042

Mailing Address

6700 SOUTHPOINT PKWY
STE 500
JACKSONVILLE FL 32216
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~2150 NORTH FIRST STREET~~

~~Suite, Apt. #, etc.~~

~~600~~

City & State

SAN JOSE, CA

Zip

95131

Country

USA

3. New Mailing Office Address, If Applicable

~~2150 NORTH FIRST STREET~~

~~Suite, Apt. #, etc.~~

~~600~~

City & State

SAN JOSE, CA

Zip

95131

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/06/1994

5. FEI Number

54-1435648

Applied For

Not Applicable

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)

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	BALLS, WILLIAM D	2150 NORTH FIRST STREET	SAN JOSE CA
CHAIRMAN CEO	GEREDES, MARC	2150 NORTH FIRST STREET	SAN JOSE CA
SEC	POLLOCK, ANDREW DU HADWAY, JOHN	6700 SOUTHPOINT PARKWAY, SUITE 5 2150 NORTH FIRST STREET	JACKSONVILLE FL SAN JOSE CA
DIR	ANTHONY, SUSAN YAMADA, KEITH	2150 NORTH FIRST STREET	SAN JOSE CA
*	BOBELL, ROBERT M	3400 BROADWAY DR.	500002587275--0 -07/13/98--01133--018 ****908.75 ****908.75
*	SERAFINSKI, JAMES T	3400 BROADWAY DR.	IF [unclear] [unclear]

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

Street Address

Suite, Apt. #, Etc.

City

State

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.

Signature of
Registered Agent

Naseem A. Conde

REGISTERED AGENT MUST SIGN

NASEEM A. CONDE
SPECIAL ASST. SECRETARY

6.30.98

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARC A. GEREDDES

Date

Daytime Phone #

6/10/94 908-955-9100 EXT 600

CR2040 (8/97)

FILED

98 JUL -9 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

