

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 30 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F 9600000 3058

1. Corporation Name

FranLink, Inc

2. Principal Office Address

1800 Bering Dr

Suite, Apt. #, etc.

801

City & State

Houston, Tx

Zip

77057

Country

USA

3. Mailing Office Address

1800 Bering Dr

Suite, Apt. #, etc.

801

City & State

Houston, Tx

Zip

77057

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/18/1996

5. FEI Number

74211815

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

CT Corporation

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

EA Wallace

EA Wallace

Assistant Secretary

Date

5/22/03

REGISTERED AGENT MUST SIGN

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
P/D	Pitts, William	1800 Bering Dr # 801	Houston, Tx 77057
V/D	Pitts, Karen	1800 Bering Dr # 801	Houston, Tx 77057
S	Steele, Isaac	1800 Bering Dr # 801	Houston, Tx 77057

REINSTATEMENT

02-03
JTS

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 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:

Isaac Steele

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Isaac Steele

Date

4/22/03

Daytime Phone #

713-784-4400

CR2E081 (10/02)