

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -8 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F96000004824**

**1. Corporation Name**

First Franklin Financial Corporation

**2. Principal Office Address**

2150 North First Street

Suite, Apt. #, etc.

City & State

San Jose, CA

Zip

95131

Country

USA

**3. Mailing Office Address**

2150 North First Street

Suite, Apt. #, etc.

City & State

San Jose, CA

Zip

95131

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

09/19/1996

**5. FEI Number**

36-4114231

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 02

**7. Name and Address of Current Registered Agent**

Name

CT Corporation System

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

*Naseem A. Conde*  
**NASEEM A. CONDE**  
**SPECIAL ASST. SECRETARY**

Date

11-5-02

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	Geredes, Marc A	2150 North First Street	San Jose, CA 95131
S/T/V	Jensen, Jim	2150 North First Street	San Jose, CA 95131
V	Pollock, Andrew	2150 North First Street	San Jose, CA 95131
V	Skolnik, Steven	2150 North First Street	San Jose, CA 95131
MD	Modugno, Katie	2150 North First Street	San Jose, CA 95131
MD	McCormick, Carole	2150 North First Street	San Jose, CA 95131

**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:**

*Naseem A. Conde*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/4/02

Daytime Phone #

408-964-6000