

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

01 DEC 27 PM 2:34

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F97000000409**

1. Corporation Name
FRANCORP #1, INC.

Principal Place of Business PO DRAWER 7238 ODESSA TX 79760-7238	Mailing Address PO DRAWER 7238 ODESSA TX 79760-7238
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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 01/24/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 75-2659380
City & State	City & State	Applied For <input type="checkbox"/> 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	4. City / State / Zip
DC	GOLDEN, JIM	312 E 2ND ST	ODESSA TX 79761
DP	BYROM, DALE	312 E 2ND ST	ODESSA TX 79761
DST	GOLDEN, MILLIE	312 E 2ND ST	ODESSA TX 79761

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 ****150.00 ****150.00

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 (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	City
	State FL	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: PETER F. SOUZA (ASSISTANT SECRETARY)
 REGISTERED AGENT MUST SIGN
 Date: 11/14/01

11. 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: Dale Byrom (ASSISTANT SECRETARY)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 11/15/01
 Daytime Phone #: (915) 332-0361

CR2E040 (8/01)

