PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING JHIS FORM. FLORIDA DEPARTMENT OF STATE Katherine Harris* FILED

APPLICATION FOR ~ REINSTATEMENT



Secretary of State DIVISION OF CORPORATIONS

F9700000409 **DOCUMENT #**

1. Corporation Name

FRANCORP #1, INC.

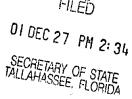
Principal Place of Business

Mailing Address

PO DRAWER 7238

SIGNATURE:

PO DRAWER 7238





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If above a	iddresses are	incorrect in any way, line th	rough incorrect	information a	and enter correction below	121		
		Address, If Applicable			ddress, If Applicable	Bate Incorporated or Qualified To Do Business in Florida		
Suite, Apt. #, etc. Suite, Apt. #				f, etc.		5. FEI Number Applied For		
City & State City & S			City & State	& State		75-2659380 Not Applicable		
Zip Country			Zip Country			CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Names a	and Street Ad	dresses of Each Officer and	l/or Director (Flo	orida nonpro	fit corporations must list at le	east 3 directors)		
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			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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						31	3000047492035 -01/03/0201049023 ****150.00 ****150.00	
						- 1 -	بهمزه	}
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent		
CTC	ODDODATIO	NI CVCTEM			Name			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD					Street Address	Street Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324					Suite, Apt. #, Etc	Suite, Apt. #, Etc.		
				City			State Zip Code	
10. I, being	appointed the	e registered agent of the abo	ove named corpo		amiliar with and accept the o	obligations of Section	on 607.0505, F.S.	
Signature of Registered A		21000			ISTANT SECRETARY		Date [1/14]	<i>V</i>
ogistered A		RI	EGISTERED AG	ENT MUST	SIGN		Date	· · · · · ·
11. I certify t	hat I am an o	fficer or director or the recei	ver or trustee en	npowered to	execute this application as	provided for in cha	pter 607 or 617, F.S. I further o	certify that when filing

-1-1/1-5/01 (915) 332-0364-Date Daytime Phone #

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.



NATIONAL HEADQUARTERS LEGAL DEPARTMENT

P.O. Box 7238 • Odessa, TX 79760-7238 • 915-332-0361 • Fax 915-332-1065 • legal@americanlenders.com

November 12, 2001

Department of State Division of Corporations P. O. Box 6327 Taliahassee, FL 32314

Re: Uniform Business Report 2001/Reinstatement =

FranCorp #1, Inc. - F97000000409

Dear Sirs:

Enclosed please find our Application for Reinstatement and a check for \$150.00. We are requesting that we be exempt from the \$600.00 reinstatement fee. The only reason that this documentation was not filed timely is because our office did not receive the Uniform Business Report on time. As a matter of fact, we received that Uniform Business Report for 2001 on November 8, 2001 at the same time as we received the Notice of Administrative Dissolution.

As you look through our file you will note that we have filed this documentation timely in the past. Please let me know if there is anything else we need to do to handle this matter. Thank you in advance for your time and attention to this matter.

Sincerely.

Laura A. Carpenter Corporate Counsel

Enclosure