PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

F9700000410

1. Corporation Name

FRANCORP #2, 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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SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above a	iddresses are it	ncorrect in any way, line the	ough incorrect in	iformation ar	nd enter correction below.				
New Principal Office Address, If Applicable 3.			3. New Maifi	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		- i - i	
City & State			City & State			75-2659381		Applied For Not Applicable	
						6.	\$8.75 Additional Fee requi		
Zip		Country	Zip		Country	CERTIFICATE	OF STATUS DESIRED (1)	or a Certificate of Status	
7. Names	and Street Add	resses of Each Officer and	or Director (Flo	rida nonprofi	it corporations must list at	least 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		
DCP	BYROM, DALE			312 E 2ND ST			ODESSA TX 79761		
DST	GOLDEN, MILLIE			312 E 2	ND ST		ODESSA TX 79761		
						80	00046862	23 8 1 : .	
							****150.00	****150.00	
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent			
					Name				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					Street Address	Street Address (P.O. Box Number is Not Acceptable)			
					Suite, Apt. #, E	Suite, Apt. #, Etc.			
					City		State FL	Zip Code	
10. I. being	appointed the	registered agent of the abo	ve named corpo	ration, am fa	amiliar with and accept the	obligations of Secti			

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 filling 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:



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NATIONAL HEADQUARTERS LEGAL DEPARTMENT

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

October 19, 2001

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

Re: Uniform Business Report 2001/Reinstatement

FranCorp #2, Inc. - F97000000410

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 never received the Uniform Business Report to be filed.

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