

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 JUN 26 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *G 95835*

1. Corporation Name

FRANKLIN FEDERATED FUNDING CORPORATION

2. Principal Office Address

43 NW 27th Avenue

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

43 NW 27th Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33125

Country

USA/DADE CO. FLORIDA

Zip

33125

Country

America Dade Co.

4. Date Incorporated or Qualified
To Do Business in Florida

4-12-84

5. FEI Number

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

(Rose) Rosemarie Horner

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

43 N.W. 27th Avenue

Suite, Apt. #, Etc.

Miami, Florida

City

Miami, Florida

State

FL

Zip Code

33125

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

(Rose) Rosemarie Horner

Date

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
Pres.	FRANKLIN M. Horner	43 N.W. 27th Avenue	Miami, Fl. 33125
Vice	Rose Horner	43 NW 27th Avenue	Miami, Fl. "

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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:

Franklin M. Horner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 395-2432
(305) 642-6624
6-26-01 (305) 642-7788

CR2E081 (9/00)