

2007 AR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000120960

1. Limited Liability Company's Name

Cory Franklin, LLC.

07 MAY 17 PM 4:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

2681 Pinewood Blvd N

Suite, Apt. #, etc.

3. Mailing Office Address

2681 Pinewood Blvd N

Suite, Apt. #, etc.

City & State

Middleburg, FL

City & State

Middleburg, FL

Zip

32068

Country

U.S.

Zip

32068

Country

U.S.

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

12/06

6. FEI Number

20-8079798

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Cory Franklin

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

2681 Pinewood Blvd N

Suite, Apt. #, Etc.

City

Middleburg

State

FL

Zip Code

32068

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

X [Signature]

REGISTERED AGENT MUST SIGN

Date

4/30/07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Cory Franklin	2681 Pinewood Blvd N	Middleburg, FL 32068

100103223021
05/24/07--01059--019 **50.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

[Signature]

Date

4/30/07

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Cory Franklin