


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

0

LIMITED LIABILITY COMPANY REINSTATEMENT <i>WBR</i>		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>M9500000126</i>			
1. Limited Liability Company's Name <i>Franklin Central</i>			
2. Principal Office Address <i>4628 E/ Mar Drive</i> Suite, Apt. #, etc.		3. Mailing Office Address <i>5618 Hillboro Road</i> Suite, Apt. #, etc.	
City & State <i>Lauderdale-by-the-Sea, FL</i>		City & State <i>Durwinburg, MI</i>	
Zip <i>33308</i>	Country <i>U.S.A.</i>	Zip <i>48350</i>	Country <i>U.S.A.</i>
4. State/Country of Formation <i>Florida, U.S.A.</i>		5. Date Organized or Qualified To Do Business in Florida <i>May 1999</i>	
6. FEI Number -		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	

FILED
00 NOV 20 PM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]

8. Name and Address of Current Registered Agent			
Name <i>Donald Tillman</i>			
Street Address (P.O. Box Number is Not Acceptable) <i>4628 E/ Mar Drive</i>			
Suite, Apt. #, Etc. -			
City <i>Lauderdale-by-the-Sea</i>		State FL	Zip Code <i>33308</i>

700003491647-1
-12/08/00-01041-024
*****55.00 *****55.00

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 <i>Donald Tillman</i>	Date <i>10-23-00</i>
REGISTERED AGENT MUST SIGN	

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
<i>MGR</i>	<i>Heather Underwood</i>	<i>5618 Hillboro Road</i>	<i>Durwinburg, MI 48350</i>
<i>MGR</i>	<i>Kim Rudnicki</i>	<i>3815 Ashbrook Drive</i>	<i>Holt, MI 48842</i>

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 <i>Heather Underwood</i>		Date <i>10/23/00</i>	Daytime Phone # <i>(248) 922-3025</i>
Typed or printed name of signing Managing Member/Manager <i>Heather Underwood</i>			

CR2E041 (9/00)