

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # M99000001424

1. Limited Liability Company's Name

National Franchise Developers Holdings, LLC

2. Principal Office Address

c/o Richard Kaye
1360 Peachtree St.

Suite, Apt. #, etc.

1200

City & State

Atlanta, Georgia

Zip

30309

Country

USA

3. Mailing Office Address

c/o Richard Kaye
1360 Peachtree St.

Suite, Apt. #, etc.

1200

City & State

Atlanta, Georgia

Zip

30309

Country

USA

4. State/Country of Formation

Georgia/ USA

5. Date Organized or Qualified
To Do Business in Florida

08/30/99

6. FEI Number

58-2492424

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

William A. Dunn, III

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

14471 Beach Blvd.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32250

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

William A. Dunn, III
REGISTERED AGENT MUST SIGN

Date 10/31/00

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	William A. Dunn, III	c/o Richard Kaye 1360 Peachtree St. #1200	Atlanta, GA 30309
MGR	Anthony George, Jr.	c/o Richard Kaye 1360 Peachtree St. #1200	Atlanta, GA 30309

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

William A. Dunn, III

Date 10/31/00

Daytime Phone # 404-870-2204

Typed or printed name of signing Managing Member/Manager

William A. Dunn, III