

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 20 PM 3:50

DOCUMENT # 119900000/424

1. Limited Liability Company's Name

National Franchise Developers Holdings, L.L.C.

2. Principal Office Address

1401 Peachtree St.

Suite, Apt. #, etc.

Suite 120

City & State

Atlanta, Georgia

Zip

30309

Country

USA

3. Mailing Office Address

1401 Peachtree St.

Suite, Apt. #, etc.

Suite 120

City & State

Atlanta, Georgia

Zip

30309

Country

USA

4. State/Country of Formation

Georgia

5. Date Organized or Qualified To Do Business in Florida

08/30/99

9/9/99

6. FEI Number

58-2492424

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

Anthony Georgelll

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

[Signature]

Date 1/13/04

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
Mgr	William A. Dunn III	1401 Peachtree St.; Suite 120	Atlanta, Ga. 30309
Mgrm	Anthony George Jr.	1401 Peachtree St.; Suite 120	Atlanta, Ga. 30309
FF	\$ 250		
CUS	5		
OP	482.50		
REINSTATEMENT 2002-2004			
10/08/03 01040 008 \$737.50			
ult			

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 01/13/04

Daytime Phone # 404-885-1555

Typed or printed name of signing Managing Member/Manager

Anthony George, Jr.