PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAY 8 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000000917

1. Corporation Name
FRANKLY SPEAKING, INC.

REINSTATEMENT 01-03

2. Principal Office Address	3. Mailing Office Address
204 37th Avenue North	204 37TH Avenue North
Suite, Apt. #, etc. #344	Suite, Apt. #, etc. #344
City & State St. Petersburg, FL	City & State St. Petersburg, FL
Zip 33704 Country USA	Zip 33704 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 01/31/2000

5. FEI Number 59-3603751 ☐ 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: Bonnie Kriebel

Street Address (P.O. Box Number is Not Acceptable): 204 37th Avenue North

Suite, Apt. #, Etc.: #344

City: St. Petersburg | State: FL | Zip Code: 33704

5/20

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: Bonnie Kriebel — REGISTERED AGENT MUST SIGN — Date: 04/24/2003

CR2E081 (10/02)

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
Dir. CFO	Playol Kayton Shippey	257 N. E. Pine	Edison, GA 39846
Dir. CEO	Don Lasker	422 W. Oglethorpe #107	Albany, GA 31701
Dir. SEC	Donna Morse	137 Winchester Drive	Leesburg, GA 31763

700017213187
04/28/03--01117--003 **367.50

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: _____ 04/24/03 727-385-6116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #