

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT



FILED
04 OCT 11 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005663
1. Entity Name
FRANKLIN ACADEMY, INC.

Principal Place of Business
~~1101 MISSIONWOOD LN.~~ **1800 CAPITAL CIRCLE**
TALLAHASSEE, FL 32304
32308 Unit A

Mailing Address
1101 MISSIONWOOD LN.
TALLAHASSEE, FL 32304



2. Principal Place of Business
1800 CAPITAL CIRCLE

3. Mailing Address

Suite, Apt. #, etc.
Unit A

City & State
Tallahassee FLA

City & State

Zip
32308

Country
Leon

Zip

Country

4. FEI Number
59-3448182

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FRANKLIN, MARGARET
1101 MISSIONWOOD LN.
TALLAHASSEE, FL 32304

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25
After January 1, 2005, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANKLIN, MARGARET 1101 MISSIONWOOD LN. TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROLLINS, BARBARA 730 ROLLINS ST. TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, GLORIA 1209 BENNETT ST. TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOBBING, ANTHONY 1209 BENNETT ST. TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRANKLIN, GALLOP II 1101 MISSION WOOD LN TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300041948303 10/18/04--01007--020 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret D. Franklin **10-11-04 850-591-5568**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #