

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL 14 PM 12:13

DOCUMENT # *N9800000 5663*

1. Corporation Name
Franklin Academy Inc

400021744944
07/23/03--01048--010 **367.50

2. Principal Office Address
1101 Missionwood Ln.

Suite, Apt. #, etc.

City & State
Tallahassee FLA

Zip
32304

Country
Leon

3. Mailing Office Address
1101 Missionwood Lane

Suite, Apt. #, etc.

City & State
Tallahassee FLA.

Zip
32304

Country
Leon

REINSTATEMENT 01-03

4. Date Incorporated or Qualified To Do Business in Florida
10/2/98

5. FEI Number
59-3448182

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
Margaret Franklin

Street Address (P.O. Box Number is Not Acceptable)
1101 Missionwood Lane

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32304

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
Margaret Franklin

REGISTERED AGENT MUST SIGN

Date
7-14-03

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
D	Margaret Franklin	1101 Missionwood Ln	Tallahassee FLA 32304
P	BARBARA Rollins	730 Rollins St.	Tallahassee FLA 32304
D	Gloria Wright	1209 Bennett St.	Tallahassee FLA 32304
D	Anthony Dobbins	1209 Bennett St	Tallahassee FLA 32304
T	Gallop Franklin II	1101 Missionwood Ln	Tallahassee FLA 32304

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: *Margaret Franklin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-03
Date

850-575-4826
Daytime Phone #

CR2E081 (4/02)