

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAY 10 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000125084

1. Corporation Name

THE FRANCHISE SOURCE INC.

900180666639
05/10/10--01077--009 **450.00

2. Principal Office Address - No P.O. Box #

1119 SW RIO VISTA WAY

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 526

Suite, Apt. #, etc.

CR2E081 (4/10)

City & State

PALM CITY FL

City & State

PALM CITY FL

Zip

39990

Country

USA

Zip

39991

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

26-KA6354

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

KRISTEN CLAYTON

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

1119 SW RIO VISTA WAY

Suite, Apt. #, Etc.

City

PALM CITY

State

FL

Zip Code

39990

PROFIT CORPORATIONS ONLY

The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Kristen Clayton

REGISTERED AGENT MUST SIGN

Date 5/7/10

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 |
|--------|-----------------------------------|--|--------------------|
| P | KRISTEN CLAYTON | 1119 SW RIO VISTA WAY | PALM CITY FL 39990 |
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REINSTATEMENT

RH

10. E-mail Address: KRISNCOLO@GMAIL.COM

(To be used for future annual report notification)

11. 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. I further certify 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:

Kristen Clayton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/10

Date

772-986-9444

Daytime Phone #