PLEASE READ	ALL INSTI	RUCTIONS	BEFORE C	OMPLETI	NG THIS FORM.	
APPLICATION FLORIDA FOR SEINSTATEMENT		A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State VISION OF COMPORATIONS			FILED	
DOCUMENT # P310023				98 FEB -9 AM 10: 45		
1. Corporation Name Franklyn Development Co. of Lee County, Inc.						
·				•	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address 24626 Ivory Cane Drive						
Bonita Springs, FL. 34134					ATEMACAITA AA	
If above addresses are incorrect in any way, line thr	ough incorrect info	ormation and enter		FIN2 I	ATEMENT97-98	
		ng Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt. #, etc. Suite, Apt.				5. FEI Number	11-12-91 Applied For	
City & State Zip Country	City & State		v	65-05	S8 75 Additional Fee required	
7. Names and Street Addresses of Each Officer and/	<u></u>	Countr			OF STATUS DESIRED tor a Certificate of Status	
Name of Officers and/or Directors		Street Address of Each Officer and/or Director City / State / Zip			City / State / Zip	
1 2	3 (Do NOT U	SB POST ONICE BOX N	umbers)	4		
Pres. Russell F. Berzi	n -	6 087- W11	liamsburg		Highland Meights, OH - 44143	
	4181 #202 Sawgrass Pt.			Bonita Springs, FC		
					34134	
STORES OF STREET		7000024292776 -02/12/3801034011			00024292776	
					****758.75 ****758.75	
				70	00024292776	
8. Name and Address of Current Registered Agent			<u> </u>	-02/12/9801094012 9. Name and Address Tive Height Age ###141.25		
Puggoll Borgan				Russell		
2803 Buch day 4181 "202 Sun grass Street Address (P.O. I				O. Box Number is	Berzin Not Acceptable) AUGRASS PT	
0 1 5 6 6 10211						
Own the Springs, 34139 Bun the Springs, State Zip Code 34134 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607,0505, F.S.						
GEGISTERED AGENT MUST SIGN						
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)						
12. 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: RUSSEU F. BERZIN 12/197 9414950151 BIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BERZIN 12/197 9414950151 Daylime Phone #						