

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 28 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000057155

1. Corporation Name

FRANCHISE CAPITAL GROUP, INC.

900061250839
11/08/05--01028--010 **900.00

CR2E081 (8/05)

2. Principal Office Address

630 Chestnut St.

Suite, Apt. #, etc.

3. Mailing Office Address

630 Chestnut St.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33756

Country

USA

Zip

33756

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/25/98

5. FEI Number

59-3650204

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

Lynn Matthews

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

630 Chestnut St.

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33756

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

Lynn Matthews

REGISTERED AGENT MUST SIGN

Date 10/27/05

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, D	David McComas	630 Chestnut St.	Clearwater, FL 33756

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:

David McComas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/05 727-410-2800
Date Daytime Phone #

DAVID McCOMAS