

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

04 MAY 2 PM 2:57

DOCUMENT # P98000077399

1. Corporation Name

610 Franklin, Inc.

2. Principal Office Address
610 Franklin Street

Suite, Apt. #, etc.

City & State
Tampa, Florida

Zip Country
33602 USA

3. Mailing Office Address
601 N. Ashley Drive

Suite, Apt. #, etc.
Suite 1200

City & State
Tampa, Florida

Zip Country
33602 USA

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida 9/8/98

5. FEI Number
59-3532553

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
Greg Hughes

Street Address (P.O. Box Number is Not Acceptable)
601 N. Ashley Drive

Suite, Apt. #, Etc.
Suite 1200

City
Tampa

State Zip Code
FL 33602

100035557021
05/06/04--01021--021 **900 00

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

REGISTERED AGENT MUST SIGN

Date 4/30/04

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/S	Gregory L. Hughes	601 N. Ashley Drive, Suite 1200	Tampa, Florida 33602

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:

Greg Hughes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04
Date

813-225-1141
Daytime Phone #

CR2E081 (01/04)