

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUL -7 PM 12:19

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000063235

1. Corporation Name

The Franchise Strategies Group, Inc.

8141 Bayhaven Drive

8141 Bayhaven Drive

2. Principal Office Address

8141 Bayhaven Drive

Suite, Apt. #, etc.

3. Mailing Office Address

8141 Bayhaven Drive

Suite, Apt. #, etc.

City & State

Seminole, Florida

City & State

Seminole, FL

Zip

33776

Country

USA

Zip

33776

Country

33776

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

7/9/99

5. FEI Number
59 2905771

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

Michael L. Fisher

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

8141 Bayhaven Drive

Suite, Apt. #, Etc.

City

Seminole

State

FL

Zip Code

33776

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 July 6, 2004

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	Michael L. Fisher	8141 Bayhaven Drive	Seminole, FL 33776

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 6, 2004

Date

(727) 319 9116

Daytime Phone #

CP2E081 (01/04)



July 6, 2004

Florida Department of State
Secretary of State
Division of Corporations
Tallahassee, FL

To whom it may concern:

We did not receive an annual report from the Division in 2001 and thereafter, the Division dissolved our corporation.

We wish to request reinstatement.

Enclosed, please find the completed "Corporation Reinstatement" form as well as a check to cover the reinstatement fees.

Michael L. Fisher, President and Registered Agent
The Franchise Strategies Group

The Franchise Strategies Group, Inc.
8141 Bayhaven Drive
Seminole, Florida 33776
(727) 319 9116 Fax (727) 398-5177 e-mail: info@franchisegroup.com
TOLL FREE 1 800 795 9116