

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V45600**

1. Corporation Name

**FRANKLIN FINANCIAL FUNDING, INC.**

Principal Place of Business

Mailing Address

850 CENTRAL AVE.  
SUITE 104  
NAPLES FL 34102  
US

850 CENTRAL AVE.  
SUITE 104  
NAPLES FL 34102  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/15/1992

5. FEI Number

65-0353834

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City & State 4
PS	HAYS, KAREN A	850 CENTRAL AVE, STE 104	NAPLES FL
VT	HAYS, WAYNE	850 CENTRAL AVE, STE 104	NAPLES FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SIKET, ANDREW G.  
2640 GOLDEN GATE PKWY  
STE 315  
NAPLES FL 33942

Name same

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

1100 Fifth Ave. South

Suite, Apt. #, Etc.

Suite 301

City

Naples

State

FL

Zip Code

34102

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.

Signature of  
Registered Agent

*AC S. Mt*

REGISTERED AGENT MUST SIGN

Date

12-06-01

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 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

Date

Daytime Phone #

KAREN A HAYS Pres- 12-6-01

611 1311 8320

CR2E040 (801)