

1092

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 NOV 13 PM 2:48

DOCUMENT # **P00000016730**

1. Corporation Name

Empire Financial Holding Company

2. Principal Office Address
2170 West State Road 434

3. Mailing Office Address
2170 West State Road 434

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.
Suite 100

City & State
Longwood, FL

City & State
Longwood, FL

Zip
32779

Country
USA

Zip
32779

Country
USA

600081717736

REINSTATEMENT 06

4. Date Incorporated or Qualified To Do Business in Florida **2/16/00**

5. FEI Number
91-1952678

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
Don Wojnowski

Street Address (P.O. Box Number is Not Acceptable)
2170 West State Road 434,

Suite, Apt. #, Etc.
Suite 100

City
Longwood

State Zip Code
FL 32779

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.

Don Wojnowski

Signature of Registered Agent by:

Date **November 10, 2006**

(REGISTERED AGENT MUST SIGN)

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
CEO	Don Wojnowski	2170 West State Road 434, Suite 100	Longwood, FL 32779
Chairman	Steve Rabinovici	2170 West State Road 434, Suite 100	Longwood, FL 32779
Director	Brad Gordon	2170 West State Road 434, Suite 100	Longwood, FL 32779
Director	Kirk Warshaw	2170 West State Road 434, Suite 100	Longwood, FL 32779
Director	John Rudy	2170 West State Road 434, Suite 100	Longwood, FL 32779
CFO	Jim Matthew	2170 West State Road 434, Suite 100	Longwood, FL 32779

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 contained in Chapter 119, 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:

DON WOJNOWSKI

11/10/06

407-774-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2012

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Drive, Suite A Tallahassee, FL 32301
PHONE: (850) 216-0457; FAX: (850) 216-0460

DATE: 11-13-06

NAME: EMPIRE FINANCIAL HOLDING COMPANY

TYPE OF FILING: REINSTATEMENT

COST: \$750 + \$8.75= \$758.75

RETURN: GOOD STANDING

RECEIVED
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TALLAHASSEE
FLORIDA

ACCOUNT: FCA0000000015

AUTHORIZATION: ABBIE/PAUL HODGE

PAUL HODGE
