

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2011 DEC -7 PM 4:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P09000023797

1. Corporation Name

FIRST TIER MANAGEMENT, INC.

2. Principal Office Address - No P.O. Box #  
2665 S. Bayshore Drive

3. Mailing Office Address  
2665 S. Bayshore Drive

Suite, Apt. #, etc.  
Suite #703

Suite, Apt. #, etc.  
Suite #703

City & State  
Miami, Florida

City & State  
Miami, Florida

Zip Country  
33133 USA

Zip Country  
33133 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 03/13/2009

5. FEI Number 272219451  
Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT**

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name  
KRINZMAN HUSS & LUBETSKY  
Street Address (P.O. Box Number is Not Acceptable)  
800 Brickell Avenue Suite 1501  
Suite, Apt. #, Etc.  
City Miami State FL Zip Code 33131

12/7

800214967188  
12/07/11--01025--002 \*\*750.00

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: [Signature]  
REGISTERED AGENT MUST SIGN

Date 12/6/11

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
DVP	Amkie, Jack	2665 S. Bayshore Dr., Suite 703	Miami, Florida 33133
D/P	Achar, Marcos	2665 S. Bayshore Dr. Suite 703	Miami, Florida 33133
S/TR	Angelton, Jim	2665 S. Bayshore Dr. Suite 703	Miami, Florida 33133

10. E-mail Address: RNK@KHLLAW.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [Signature] Date 12/6/11 305849920  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #