

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

01 NOV -1 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000008353**

1. Corporation Name

FINANCIAL ADMINISTRATORS, INC.

Principal Place of Business

Mailing Address

7900 ISLAND BLVD
AVENTURA FL 33160
US

7900 ISLAND BLVD
AVENTURA FL 33160
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

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0553230

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MATUS, ALAN	7900 ISLAND BLVD.	WILLIAMS ISLAND FL 33160
D	VOLLATH, ROBERT	7900 ISLAND BLVD.	WILLIAMS ISLAND FL 33160

200004694782--4
-11/27/01--01035--006
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~POWERS, PATRICK~~
~~7900 ISLAND BLVD.~~
~~WILLIAMS ISLAND FL 33160~~

Name: **Alan Matus**
Street Address (P.O. Box Number is Not Acceptable):
7900 Island Blvd.
Suite, Apt. #, Etc.:
City: **Aventura** State: **FL** Zip Code: **33160**

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **10/29/01**

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

[Signature]
Date **10/29/01**

Date Daytime Phone #

CR2E040 (8/01)