


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 21 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000001228

1. Corporation Name
FIRST CAPITAL MANAGEMENT, INC.

2. Principal Office Address 201 S. Biscayne Blvd		3. Mailing Office Address 201 S. Biscayne Blvd.	
Suite, Apt. #, etc. 28th Floor		Suite, Apt. #, etc. 28th Floor	
City & State Miami, FL 33131		City & State Miami, FL 33134	
Zip 33131	Country USA	Zip 33131	Country USA

REINSTATEMENT - 03-09

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number **65-0885037** 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 **Patrick Gonzalez** **200032193242**

Street Address (P.O. Box Number is Not Acceptable) **201 S. Biscayne Blvd** **04/08/04-01015-014 **900.00**

Suite, Apt. #, Etc. **28th Floor**

City **Miami** State **FL** Zip Code **33131**

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  Date **4/19/07**

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
PD	Gonzalez, Patrick	201 S. Biscayne Blvd	Miami, FL 33131

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**

Date **4/19/07** Daytime Phone # **(305) 476-5271**

CR2E081 (01/04)

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