

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000001228**

1. Corporation Name

FIRST CAPITAL MANAGEMENT, CORP.

Principal Place of Business

FIRST CAPITAL MGMT CORP
2100 CORAL WAY, STE 504
MIAMI FL 33145

Mailing Address

FIRST CAPITAL MGMT CORP
2100 CORAL WAY, STE 504
MIAMI FL 33145

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



2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/1999

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. 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 |
|---------------|---|--|---------------------------|
| P | GONZALEZ, PATRICK | 1477 S MIAMI AVE | MIAMI FL 33130 |
| P | Gonzalez Patrick | 2100 coralway #504 | MIAMI, FL 33145 |
| | | | |
| | | | |
| | | | |
| | | | |

300023966683
10/21/03--01048--023 **750.00

8. Name and Address of Current Registered Agent

GONZALEZ, PATRICK
2100 CORAL WAY
STE 504
MIAMI FL 33145

9. Name and Address of New Registered Agent

| | |
|--|----------------|
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| Suite, Apt. #, Etc. | |
| City | State Zip Code |
| | FL |

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. or 617.0505, F.S.

Signature of
Registered Agent

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date 10/9/2003

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: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/2003

Date

305-8541616

Daytime Phone #

CR2ED40 (7/03)