

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 NOV -5 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 345188

1. Corporation Name
First Equity Corporation of Florida

800004685518--7
-11/16/01--01060--018
******750.00 ****750.00**

2. Principal Office Address 2617 Huntingdon Place Suite, Apt. #, etc. Suite 202 City & State Huntingdon Valley, PA Zip 19006-5125		3. Mailing Office Address Same as #2 Suite, Apt. #, etc. City & State City & State Zip Country USA	
---	--	--	--

REINSTATEMENT 2001

4. Date Incorporated or Qualified To Do Business in Florida
April 25, 1969

5. FEI Number
591264425

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

7. Name and Address of Current Registered Agent

Name
Adam J. Lamb, Esq.
Street Address (P.O. Box Number is Not Acceptable)
1428 Brickell Avenue
Suite, Apt. #, Etc.
Penthouse
City
Miami

800004685518--7
-11/16/01--01060--018
*******8.75 *****8.75**

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.

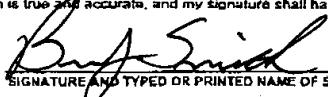
Signature of Registered Agent _____
Date 11/2/01

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
V/D	Karl Bishopric	2617 Huntingdon Place, Ste. 202	Huntingdon Valley, PA 19006
V/D	George P.E., Ten Pow	1000 Brickell Avenue, Ste. 900	Miami, FL 33131
V/D	David R. Cooper	2617 Huntingdon Place, Ste. 202	Huntingdon Valley, PA 19006
V/D	Brian Smith	2617 Huntingdon Place, Ste. 202	Huntingdon Valley, PA 19006

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:  **BRIAN J. SMITH,**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/31/01
Daytime Phone # (808) 543-2067 / (808) 228-9394