

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

02 MAR 25 AM 10:49

DOCUMENT # F9400000464

1. Corporation Name

First Colonial Securities Group, Inc.

2. Principal Office Address

3010 N. Military Trail

Suite, Apt. #, etc.

Suite #300

City & State

Boca Raton, FL

Zip

33431

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-02

4. Date Incorporated or Qualified  
To Do Business in Florida

11/31/94

5. FEI Number

22-2987002

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

VFIN Executive Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

3010 N. Military Trail

Suite, Apt. #, Etc.

Suite #300

City

Boca Raton

500005205015--5  
-04/08/02--01051-010  
\*\*\*\*300.00 \*\*\*\*300.00

State  
FL

Zip Code  
33431

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 2-27-02

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
P	Marc Siegel	3010 N. Military Trail #300	Boca Raton, FL 33431
S & CO	Richard Campanella	3010 N. Military Trail #300	Boca Raton, FL 33431

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 legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marc Siegel

Date

2/28/02

Daytime Phone #

561-991-1000

CRZE081 (9/01)