

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 Country
33431 USA

3. Mailing Office Address
same

Suite, Apt. #, etc.
City & State
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
FIN Executive Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
3010 N. Military Trail

Suite, Apt. #, Etc.
SUITE #300

City
Boca Raton

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-04/08/02--01051-010
****300.00 ****300.00

State Zip Code
FL 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&COO	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

[Signature] Marc Siegel Date 2/28/02 Daytime Phone # 561-991-1000

CRZE081 (9/01)