

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F95000002355

1. Corporation Name

FIRST AMERICAN NATIONAL CAPITAL CORP.

Principal Place of Business

C/O PAUL SORBERA
453 MILTON ROAD
RYE NY 10580

Mailing Address

C/O PAUL SORBERA
453 MILTON ROAD
RYE NY 10580

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

05/15/1995

5. FEI Number

13-3679658

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PCST	SORBERA, PAUL	453 MILTON ROAD	RYE NY 10580
VC	SORBERA, PAUL	453 MILTON ROAD	RYE NY 10580

5000002355-5
-12/03/97-01070-018
***758.75 ***758.75

8. Name and Address of Current Registered Agent

SUNCOAST EQUIPMENT FUNDING CORP.
CHARLES BARROW
16313 N. DALE MABRY HWY #102
TAMPA FL 33618

9. Name and Address of New Registered Agent

Name
CHARLES BARROW
Street Address (P.O. Box Number is Not Acceptable)
14720 CLARENDON DRIVE
Suite, Apt. #, Etc.

City
TAMPA

State
FL

Zip Code

33624

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/18/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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

11/24/97

Date

Daytime Phone #

FILED

97 NOV 26 PM 3:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

97aw

CR25040 (8/97)