

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F98000003092

1. Corporation Name

THE FINANCIAL GROUP SOUTHEAST INC.

Principal Place of Business

236 W. GENESEE STREET, SUITE 200
SYRACUSE NY 13202

Mailing Address

236 W. GENESEE STREET, SUITE 200
SYRACUSE NY 13202

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

2. New Principal Office Address, If Applicable

THE ATRIUM 2 Clinton St

Suite, Apt. #, etc.

Suite 160

City & State

Syracuse NY

Zip

13202

Country

Onondaga

3. New Mailing Office Address, If Applicable

THE ATRIUM 2 Clinton St

Suite, Apt. #, etc.

Suite 160

City & State

Syracuse NY

Zip

13202

Country

Onondaga

4. Date Incorporated or Qualified
To Do Business in Florida

06/01/1998

5. FEI Number

16-1494867

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	NICOLLI, RONALD	135 SUNHARBOR DRIVE	LIVERPOOL NY 13088
S	SIRACUSA, JOSEPH	100 HAWTHORNE DRIVE	CAMILLUS NY 13031
S	SIRACUSA, JOSEPH	2001 James Street	Syracuse, NY 13206
			500003328425--3
			07/19/00 01097-036
			****900.00 ****900.00

8. Name and Address of Current Registered Agent

NICOLLI, RONALD

2061 NORTH BOCA RATON BLVD., SUITE 207
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

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

2060 North West Boca Raton Blvd

Suite, Apt. #, Etc.

4

City

Boca Raton

State

FL

Zip Code

33431

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

Ronald Nicelli

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/20/99

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:

Ronald Nicelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald Nicelli

Date

10/20/99

Daytime Phone #

315-424-0446

CR2E040 (8/99)