

PLEASE READ ALL INSTRUCTIONS BEFORE CC

APPLICATION
FOR
REINSTATEMENT



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

FILED
Dec 03 1999 8:00 am
Secretary of State

DOCUMENT # F98000005226

1. Corporation Name

FIRST FINANCIAL EQUITIES INC.

Principal Place of Business

699 S. Federal Highway
1600 S. OCEAN DR. SUITE 15F
HOLLYWOOD FL 33019

Mailing Address

699 S. Federal Highway
1600 S. OCEAN DR. SUITE 15F
HOLLYWOOD FL 33019



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/16/1998	
City & State		City & State		5. FEI Number	
Zip		Country		13-3638219	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	4. City / State / Zip
P	SADEK, DAVID	374 WINTHROP RD	TEANECK NJ 07631
V	KRIEGER, ELLY KRIEGER	157 BOULEVARD	PASSAIC NJ 07055 PASSAIC
			3000003071429--0 -12/15/99--01076--012 ****750.00 ****750.00
REINSTATEMENT 99-11TS			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FOGIELGARN, FAYE
1600 S. OCEAN DR, SUITE 15F
HOLLYWOOD FL 33019

Name STEWART BERMAN
Street Address (P.O. Box Number is Not Acceptable)
699 S. Federal Hwy.
Suite, Apt. #, Etc.

City HOLLYWOOD State FL Zip Code 33020

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 11/30/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-30-99

CR2300 (6/99)