

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 14 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F98000005226**

1. Corporation Name

FIRST FINANCIAL EQUITIES INC.

2. Principal Office Address

25 Rockwood Place

Suite, Apt. #, etc.

City & State

Englewood, NJ

Zip

07631

Country

Bergen

3. Mailing Office Address

25 Rockwood Place

Suite, Apt. #, etc.

City & State

Englewood, NJ

Zip

07631

Country

Bergen

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/16/1998

5. FEI Number

13-3638219

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

800023798598
REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

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

526 E. Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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.

NRAI Services, Inc.

Signature of
Registered Agent by:

[Signature]

REGISTERED AGENT MUST SIGN Scott Scher, Assistant Secretary

Date

10/1/03

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
CEO	David Sadek	25 Rockwood Place	Englewood, NJ 07631
P	Elly Krieger	25 Rockwood Place	Englewood, NJ 07631

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 same legal effect as if made under oath.

SIGNATURE: *[Signature]*

David Sadek, CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/07/03

Date

201-227-4207

Daytime Phone #

CR2E081 (10/02)