

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAR 25 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000006490

1. Corporation Name

Colonial Direct Financial Group, Inc.

REINSTATEMENT

01-02

2. Principal Office Address

3010 N. Military Trail

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33431

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/15/99

5. FEI Number

22-3537523

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

VFIN Executive Services Inc

900005254819--6

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

3010 N. Military Trail

04/11/02--0107--007

***\$300.00 ***\$300.00

Suite, Apt. #, Etc.

Suite # 300

City

Boca Raton

State

FL

Zip Code

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]

Date

2/28/02

REGISTERED AGENT MUST SIGN

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
D	Timothy Mahoney	608 Cayman Place	Palms Beach Gardens, FL 33418
D	Leonard J. Sokolow	2458 Provence Court	Weston, FL 33327

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]

Leonard J. Sokolow

2/28/02

561-981-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

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