

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 22 PH 4: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G 97129**

1. Corporation Name
**Financial Capital of
America, Inc.**

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REINSTATEMENT 96-02

2. Principal Office Address
16960 SW. 113th Court

Suite, Apt. #, etc.

3. Mailing Office Address
16960 SW. 113th Court

Suite, Apt. #, etc.

City & State
Miami, Fla.

Zip Country
33157 U.S.A.

City & State
Miami, Fla.

Zip Country
33157 U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida **3/20/1984**

5. FEI Number
592381605

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
Ronald R. Molina

Street Address (P.O. Box Number is Not Acceptable)
16960 S.W. 113th Court

Suite, Apt. #, Etc.

City
Miami

State Zip Code
FL 33157

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-04/01/02--01084--013
***1658.75 ***1658.75

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 **3/18/2002**
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
P/C	Ronald R. Molina	16960 S.W. 113th Court	Miami / Fla / 33157

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)(f), 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]** Date **3/18/2002** Daytime Phone # **305-253-6708**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR