

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 6:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H42130**

1. Corporation Name

THREE B FINANCIAL SERVICES, INC.

Principal Place of Business

TRAFALGAR PLAZA SUITE 211
5310 NW 33RD AVENUE
FT. LAUDERDALE FL 33309-6319

Mailing Address

TRAFALGAR PLAZA SUITE 211
5310 NW 33RD AVENUE
FT. LAUDERDALE FL 33309-6319

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

02/11/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2518623

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

2. Name of Officers
and/or Directors

3. Street Address of Each
Officer and/or Director

4. City / State / Zip

P

WEISMAN, BARTON D.

5310 NW 33RD AVE #211

FT. LAUDERDALE FL

ST

LIPSCHUTZ, HOWARD

550 S. OCEAN DR., APT. 604

BOCA RATON FL

V

KANTROWITZ, BARRY

5310 NW 33RD AVE #211

FT. LAUDERDALE FL

400008645834
10/23/02 01043 022 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-23-02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-02 954-714-2263

Date

Daytime Phone #

2012

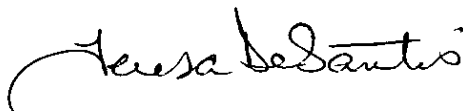
**Three B Financial
Services, INC**

To: Department of State
From: Teresa DeSantis, Account Manager
Date: 10/24/02
Re: UBR

Enclosed is the 2002 Application for Reinstatement form along with a check for \$150.00. I spoke to Michele at 1-850-245-6059 and I informed her that we had not received the original form. She told me that their office had received the form back.

If you have any questions regarding this matter, please call me at (954) 714-2263.

Thank you,



Teresa DeSantis, Account Manager