PLEASE READ	ALL INSTRUCTIONS BEFORE C	COMPLETING THIS FORM.
APPLICATION FOR GLOVE REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State	AND FRED
	DIVISION OF CORPORATIONS	1997 JM 24 All 9: 12
DOCUMENT #J 2924	→	SECKETARY OF STATE TALLAHASSEE, FLORIDA
•	TI C PE	
First Financ	19 Title Corpany of FI	boda
Principal Place of Business 2627 NE 293 RD St.	Mailing Address	
N. Miami Beach, Fl	-33189	7000022510179 -07/29/9701087012 ****915.00 ****915.00
If above addresses are incorrect in any way, line thr 2. New Principal Office Address, If Applicable	ough incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apl. #, etc.	To Do Business in Florida 1986
City & State	City & State	5. FEI Number Applied For Not Applicable
Žip Country	Zip Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee regulred for a Certificate of Status
	/or Director (Florida nonprofit corporations must list at lea	
Title(s) Name of Officers and/or Directors	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box I	r City / State / Zip
VP Maylow S. Ko	wton 86035.Dixie	Huyts Higm, FL 33143
P David Kayt	or 2128 N. Bay 1	Rd. Miam, Beach, Fl 33140
VP Sylvia Zagal	es 8693 S. Dixiel	Aux #363 Miami, FL 33143
		-010 90 M
		IEINSTATEMENT
8. Name and Address of Current	Registered Agent	9. Name and Address of New Registered Agent
Jim Hendricks Hill Name Mathew S. Knyton		
2627 NE 203	Street Address (F	P.O. Box Number is Not Acceptation
N. Minmi Beac		3 /
	CityMan	State Sign Code 55143
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 MUST SIGN Date		
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)		
this reinstatement application, the reason for disso owed by the corporation have been paid and the	olution has been eliminated, the corporate name satisfies names of individuals listed on this form do not qualify for gnature shall have the same legal effect as if made under	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Profice N		