

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

1998 MAR 20 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M22631

1. Corporation Name

FINANCIAL ACQUISITIONS INC.

Principal Place of Business

Mailing Address

~~777 ARTHUR GODFREY RD.
2ND FLOOR
MIAMI BEACH, FL 33140~~

~~777 ARTHUR GODFREY RD.
2ND FLOOR
MIAMI BEACH, FL 33140~~

4518 Sheridan Ave.
Miami Beach, FL 33140

P.O. Box 402243
Miami Beach, FL 33140

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/29/1985

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PS	HICKS, SUSAN E	777 ARTHUR GODFREY RD., 2ND FLOOR 4518 Sheridan Ave.	MIAMI BEACH FL 33140
VT	BARREDO, PETER E	777 ARTHUR GODFREY RD., 2ND FLOOR 7244 N.W. 25 St.	MIAMI BEACH FL 33140 Miami, FL 33122
			600002467096--4
			-03/24/98--01097--017
			****900.00 ****900.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HICKS, SUSAN E
777 ARTHUR GODFREY RD.
2ND FLOOR
MIAMI BEACH FL 33140

Name

Susan Hicks

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

4518 Sheridan Ave.

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33140

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

REGISTERED AGENT MUST SIGN

Date

3/17/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on Intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/98 305 534-3093

Date

Daytime Phone #

CFR2040 (8/97)