

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 DEC 26 PM 5:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **NS1379**

1. Corporation Name

**FIRST THINGS FIRST, INC.**

2. Principal Office Address

**2677 FOREST HILL BLVD.**

Suite, Apt. #, etc.

**# 108**

City & State

**WEST PALM BEACH, FL.**

Zip

**33406**

Country

**USA**

3. Mailing Office Address

**2677 FOREST HILL BLVD.**

Suite, Apt. #, etc.

**# 108**

City & State

**WEST PALM BEACH, FL.**

Zip

**33406**

Country

**USA**

**400009690514**

12/26/02--01039--007 \*\*192.50

**04/30/02 90128 016 \$175.00**

4. Date Incorporated or Qualified To Do Business in Florida

**10/19/1992**

5. FEI Number

**65-0416778**

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

**THOMAS TOCCI**

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

**6915 TRADEWINDS WAY**

Suite, Apt. #, Etc.

City

**LANTANA**

State  
**FL**

Zip Code

**REINSTATEMENT 00-02**

CR2E081 (9/01)

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

**Thomas Tocci**

REGISTERED AGENT MUST SIGN

Date **12-17-02**

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
PD	THOMAS TOCCI	6915 TRADEWINDS WAY	LANTANA, FL. 33462
VPD	JOSEPH FISHE	202 LAKE OSBORNE RD	LAKE WORTH, FL. 33462
SD	VICKIE DUNN	895 SUMTER RD.	WEST PALM BCH, FL. 33415

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:

**Thomas Tocci**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12-18-02**

Date

**561-433-9971**

Daytime Phone #