

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN -5 AM 9:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 9800003069

1. Corporation Name

FINANCE NETWORK CLUB INC.

REINSTATEMENT 03-04

000025969970
01/05/04--01017--021 **306.25

2. Principal Office Address

450 E. Las Olas Blvd.

Suite, Apt. #, etc.

Ste. 950

City & State

Ft. Lauderdale, FL

Zip

33301

Country

USA

3. Mailing Office Address

450 E. Las Olas Blvd.

Suite, Apt. #, etc.

Ste. 950

City & State

Ft. Lauderdale, FL

Zip

33301

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/29/98

5. FEI Number

65-0839634

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

Drath, Richard

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

450 E. Las Olas Blvd.

Suite, Apt. #, Etc.

Ste. 950

City

Ft. Lauderdale

State

FL

Zip Code

33301

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

REGISTERED AGENT MUST SIGN

Date

12-30-03

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	Drath, Richard	450 E. Las Olas Blvd., #950	Ft. Lauderdale, FL 33301
BMD	Drath, Mindy I.	1512 Lantana Court	Weston, FL 33326
BMD	Greenberg, Al	17292 Hampton Blvd.	Boca Raton, FL 33496

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-30-03

Daytime Phone #

954-515-1040

CR2E081 (10/02)