

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 26 AM 10:12

DOCUMENT # **N98000007302**

1. Corporation Name

**STARTING EVEN - NO BENEFICIARY  
INVESTMENT FUND, INC.**

Principal Place of Business

Mailing Address

**5100 W. COMMERCIAL BLD.**

**TAMARAC, FL 33319 (SAME)**

**REINSTATEMENT 99-00**

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

**12/28/1998**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**65-0892604**

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PO	FRANK FINI	5100 W. COMMERCIAL BLD	TAMARAC, FL 33319
T	ANGELO CORBO	630 N.W. 79 <sup>th</sup> AVE	MARGATE, FL 33063
T	DAVID TORCHIN C.P.A.	8211 W. BROWARD BLVD.	PLANTATION FL. 33324
T	DAVID A CHEMINKIN	8551 W. SUNRISE BLVD.	PLANTATION FL. 33322
T	JOSEPH COLOSIMO	22469 MIDDLETOWN DR.	BOCA RATON FL. 33428
T	MANNY FAGUNDES	21331 NE 53 <sup>rd</sup> AVE	FT. LAUDERDALE FL. 33308

8. Name and Address of Current Registered Agent

**FRANK FINI  
5100 W. COMMERCIAL BLD.  
TAMARAC, FL 33319**

9. Name and Address of New Registered Agent

Name **200003321482--4**  
Street Address (P.O. Box Number is Not Acceptable) **-07/13/00--01002--022**  
Suite, Apt. #, Etc. **\*\*\*\*297.50 \*\*\*\*297.50**  
City **FL** State **FL** Zip Code **33319**

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

**Frank Fini**

REGISTERED AGENT MUST SIGN

Date **6-5-00**

11. This corporation owes 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:

**Frank Fini**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FRANK FINI, PRES.**

Date

Daytime Phone #

**6-5-00**

**(954) 485-7660**