

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 26 PM 12:09

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000003686

1. Corporation Name

Florida Receivers Forum, Inc.

2. Principal Office Address - No P.O. Box #

3225 Aviation Avenue

Suite, Apt. #, etc.

Suite 501

City & State

Miami, FL

Zip

33133

Country

3. Mailing Office Address

3225 Aviation Avenue

Suite, Apt. #, etc.

Suite 501

City & State

Miami, FL

Zip

33133

Country

CR2E081 (1/07)

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

6/16/1999

5. FEI Number

650938702

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

Lewis B. Freeman

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

3225 Aviation Avenue

Suite, Apt. #, Etc.

Suite 501

City

Miami

State

FL

Zip Code

33133

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 9/24/2007

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
D	Lewis B. Freeman	3225 Aviation Avenue, Suite 501	Miami, FL 33133
D	Jerry M. Markowitz	9130 S. Dadeland Blvd., Suite 1225	Miami, FL 33156
D	Patricia A. Redmond	150 W. Flagler St., Suite 2200	Miami, FL 33130

REINSTATEMENT

[Handwritten initials]

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09/26/07--01011--007 **193.75

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 contained in Chapter 119, 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]

9/24/2007

305-443-6622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #