

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 NOV 13 PM 2:48

DOCUMENT # **P00000016730**

1. Corporation Name

**Empire Financial Holding Company**

600081717736

REINSTATEMENT 06

2. Principal Office Address  
**2170 West State Road 434**

3. Mailing Office Address  
**2170 West State Road 434**

Suite, Apt. #, etc.  
**Suite 100**

Suite, Apt. #, etc.  
**Suite 100**

City & State  
**Longwood, FL**

City & State  
**Longwood, FL**

Zip  
**32779**

Country  
**USA**

Zip  
**32779**

Country  
**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida **2/16/00**

5. FEI Number  
**91-1952678**

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

**Don Wojnowski**

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

**2170 West State Road 434,**

Suite, Apt. #, Etc.

**Suite 100**

City

**Longwood**

State

**FL**

Zip Code

**32779**

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.

**Don Wojnowski**

Signature of

Registered Agent by:

(REGISTERED AGENT MUST SIGN)

Date **November 10, 2006**

**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
CEO	Don Wojnowski	2170 West State Road 434, Suite 100	Longwood, FL 32779
Chairman	Steve Rabinovici	2170 West State Road 434, Suite 100	Longwood, FL 32779
Director	Brad Gordon	2170 West State Road 434, Suite 100	Longwood, FL 32779
Director	Kirk Warshaw	2170 West State Road 434, Suite 100	Longwood, FL 32779
Director	John Rudy	2170 West State Road 434, Suite 100	Longwood, FL 32779
CFO	Jim Matthew	2170 West State Road 434, Suite 100	Longwood, FL 32779

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DON WOJNOWSKI**

**11/10/06**

Date

**407-774-1300**

Daytime Phone #

B. Mitchell NOV 13 2006

2012

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Drive, Suite A Tallahassee, FL 32301**

**PHONE: (850) 216-0457; FAX: (850) 216-0460**

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**DATE:** 11-13-06

**NAME:** EMPIRE FINANCIAL HOLDING COMPANY

**TYPE OF FILING:** REINSTATEMENT

**COST:** \$750 + \$8.75= \$758.75

**RETURN:** GOOD STANDING

RECEIVED  
06 NOV 13 AM 11:29  
TALLAHASSEE, FLORIDA

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**ACCOUNT:** FCA0000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

*[Signature]*

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