

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVAL
AND
FILED

03 JUN -9 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000029639**

1. Corporation Name

BANKATLANTIC FINANCIAL VENTURES, INC.

Principal Place of Business

Mailing Address

1750 E. SUNRISE BOULEVARD
FT. LAUDERDALE FL 33304

1750 E. SUNRISE BOULEVARD
FT. LAUDERDALE FL 33304

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 01-03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 5403

5. FEI Number

Applied For

City & State

City & State

Ft. Lauderdale, FL

59-3672166

Not Applicable

Zip

Country

Zip

Country

33310-5403

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D P	LEVAN, ALAN B	1750 E. SUNRISE BOULEVARD	FT. LAUDERDALE FL 33304
VS	Gilbert, Glen R.	1750 E. Sunrise Boulevard	Ft. Lauderdale FL 33304

100020687981
06/09/03--01085--003 **1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MILLER, ALISON W
150 W. FLAGLER ST., 2200 MUSEUM TOWER
MIAMI FL 33130

Name

Glen R. Gilbert

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

1750 East Sunrise Boulevard

Suite, Apt. #, Etc.

Third Floor

City

Fort Lauderdale

State

FL

Zip Code

33304

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

REGISTERED AGENT MUST SIGN

Date

6/3/2003

11. 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

GLEN R. GILBERT
Executive Vice President

Date

6/3/2003

Daytime Phone #

CR20040 (8/01)