PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR REINSTATEMENT

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

FILED
02 FEB 22 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000032422

1. Corporation Name

FIRST ACQUISITION INC.

Principal Place of Business	Mailing Address
P O BOX ~~2946~~ 3007 PALM BEACH FL 33480	P O BOX ~~2946~~ 3007 PALM BEACH FL 33480

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/27/2000

5. FEI Number: 58-260-9428 ☐ Applied For ☐ Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
President	Fuad Hadi	2501 Coolidge Rd	E. Lansing, MI
V.P.	Fuad Hadi	Suite 501	48823
Sec.	Fuad Hadi		

500005064195--5
-03/07/02--01049--017
******8.75 ******8.75

500005064195--5
03/07/02--01049--018
****300.00 ****300.00

8. Name and Address of Current Registered Agent

HADI, FUAD A
859 JEFFERY STE 810
BOCA RATON FL 33487

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/01)

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 _____ Date 11-25-2001

REGISTERED AGENT MUST SIGN

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.

561

SIGNATURE: _____ president 2-15-2002 398-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2052

FIRST ACQUISITION, INC.
2501 COOLIDGE RD SUITE 501, P.O. BOX 1375
EAST LANSING, MICHIGAN 48226
(517) 333-3430 FAX (517) 333-6725

Feb. 6, 2002

Florida Dept of State
Corporate & Security Div.

Dear Sirs:

Regarding First Acquisition Inc, this is the first document received from you sometime during Mid November 2001.

The paper work was mail to an incorrect Post Office Box 2946 which was issued by the Postal office but then later changed to 3007 P.O. Box.

Enclosed please find application for re-instatement and check for $300.-.

Sincerely yours
Fred Sadi.

P.O. Box 3007 Palm Beach, FL 33480 (561) 833-6565