

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Catherine Har...
Secretary of State
DIVISION OF CORPORATIONS

01-02 UBR

FILED

02 FEB 25 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000095163**

1. Corporation Name

Family Financial Group, Inc.

2. Principal Office Address

745 US 1

Suite, Apt. #, etc.

303

City & State

N. Palm Beach, FL

Zip

33408

Country

USA

3. Mailing Office Address

PO Box 1617

Suite, Apt. #, etc.

City & State

JUPITER, FL

Zip

33468

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/2000

5. FEI Number

65-1037903

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$375 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Scott Rahn

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

1117 Sanctuary Cove Dr

Suite, Apt. #, Etc.

City

N. Palm Beach, FL

State

FL

Zip Code

33410

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

Scott Rahn

REGISTERED AGENT MUST SIGN

Date

2/1/02

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
Pres	SCOTT RAHN	1117 Sanctuary Cove Dr	N. Palm, FL 33410
V.P.	PATRICIA RAHN	1117 Sanctuary Cove Dr	N. Palm, FL 33410
PRES	<i>Wanda Lewis</i>		

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 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:

Scott Rahn

SCOTT RAHN

2/1/02

Date

561-624-0275

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)

Family Financial Group, Inc. 2002

1117 Sanctuary Cove Dr. Suite 100 N. Palm Beach, FL 33410 800-877-0243

2/1/02

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Corporation Reinstatement

To Whom It May Concern:

Pursuant to the request of Ms. Fisher in your office, this letter serves as our formal request for corporation reinstatement. Also enclosed is a check for \$300. This amount, if accepted, represents the annual fees for 2001 and 2002.

The reason that we would not like to pay the fees that are indicated on the back of the reinstatement form is that we were never sent a Uniform Business Report for us to file. We were enlightened of such a form when we went into our accountants office recently and he happened to have his own form on his desk and mentioned it to us. We originally only incorporated in 9/2000 and never got any form for the entire 2001 year.. We are unaware as to why we were never sent the form, and would just like to resolve this problem now and see that it never occurs again in the future.

We really appreciate any consideration or assistance that you may be able to give us regarding this issue. If you have any questions or concerns, please call us at 561-624-275. Thank you for your attention to this matter.

Sincerely,



Scott Rahn, President
Family Financial Group, Inc.