PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB -5 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000108205

1. Corporation Name
Financial Declaration Group

400011880994
02/05/03--01048--010 **158.75
REINSTATEMENT 01-03

2. Principal Office Address	3. Mailing Office Address
3325 Griffin Road	3325 Griffin Road
Suite, Apt. #, etc. 223	Suite, Apt. #, etc. 223
City & State Davie FL	City & State Davie, FL
Zip 33312 Country US	Zip 33312 Country US

4. Date Incorporated or Qualified To Do Business in Florida 11/17/01

5. FEI Number 32-0057703 ☐ 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: Carlton Branker

Street Address (P.O. Box Number is Not Acceptable): 3107 W. Hallandale Bch. Blvd.

Suite, Apt. #, Etc.: #101A

City: Pembroke Park | State: FL | Zip Code: 33009

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] Date: 2/3/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
P	Carlton Branker	3107 W. Hallandale Bch. Blvd.	Pembroke Park FL 33009

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: [signature] 2/3/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 2/10/03