

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN 10 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000015845

1. Corporation Name

FIRST RN INVESTMENT CORP.

2. Principal Office Address

7190 MALLORCA CRESCENT

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33433

Country

USA

3. Mailing Office Address

7190 MALLORCA CRESCENT

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33433

Country

USA

REINSTATEMENT

800010162398

01/16/03--01064--008 **900.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/12/01

5. FEI Number

65-1083560

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

ROSS H. MANELLA, ESQUIRE

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

2237 NORTH COMMERCE PARKWAY

Suite, Apt. #, Etc.

SUITE 3

City

WESTON

State

FL

Zip Code

33326

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

Ross H. Manella REGISTERED AGENT MUST SIGN

Date

JAN 7/2003

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
PSTD	NORMAN SMILEY	7190 MALLORCA CRESCENT	BOCA RATON, FL 33433

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)(f), 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] Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

JAN 9 2003

Daytime Phone #

561
487-2255

CR2ED81 (9/01)