

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 NOV 20 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000040327**

1. Corporation Name

**FIRST NATIONAL V.C. REALTY GROUP INC.**

Principal Place of Business

631 US HWY 1 SUITE 405  
NORTH PALM BEACH FL 33408

Mailing Address

631 US HWY 1 SUITE 405  
NORTH PALM BEACH FL 33408



700009088747  
11/20/02--01001--029 \*\*150.00

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

2. New Principal Office Address, If Applicable

3450 Northlake Blvd.

Suite, Apt. #, etc.

Suite 102

City & State

Palm Beach Gardens, Florida

Zip

33403

Country

USA

3. New Mailing Office Address, If Applicable

3450 Northlake Blvd

Suite, Apt. #, etc.

Suite 102

City & State

Palm Beach Gardens, Florida

Zip

33403

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/19/2001**

5. FEI Number

65-1094251

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	ANAYA, GEORGE JR	631 US HWY 1 SUITE 405	NORTH PALM BEACH FL 33408

8. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.

941 FOURTH STREET #200

MIAMI BEACH FL 33139

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

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

# FIRST NATIONAL V.C. GROUP



November 13, 2002

Florida Department of State  
Annual Reports/ Reinstatement Section  
Tallahassee, Florida

To Whom It May Concern:

Enclosed herewith is a completed form as requested as well as payment as was instructed by phone from your department. We did not receive any annual reports or notification pertaining to this matter until the enclosed form was received several days ago. Please help us in clearing up this problem.

If you have any questions regarding the matter, feel free to contact me at your convenience at 1-866-691-9924. Thank you for your attention to this matter.

Sincerely,

George Anaya Jr.

Enclosures