

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 FEB 17 AM 11:32

DOCUMENT # P010000 49130

1. Corporation Name

NATIONS FIRST FINANCIAL  
ENTERPRISES INC.

2. Principal Office Address

30359 US HWY 19N PO BOX 6078

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 6078

Suite, Apt. #, etc.

City &amp; State

CLEARWATER FL

City &amp; State

PALM HARBOR FL

Zip

33761

Country

Pinellas

Zip

34684

Country

Pinellas

REINSTATEMENT 02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

5-16-2001

5. FEI Number

59 372 0941

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$875 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JUANA DATTILO ORR

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

2792 VALENCIA LN W

Suite, Apt. #, Etc.

City

PALM HARBOR

State  
FL

Zip Code

34684

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 AgentJUANA DATTILO ORR  
REGISTERED AGENT MUST SIGN

Date 2/13/03

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	JUANA D ORR	2792 Valencia LN W	Palm Harbor FL 34684
		PX	100012692 PX

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)(b), 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:

JUANA DATTILO ORR JUANA DATTILO ORR 2/13/03 727-786-5282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone



ACCOUNT NO. : 072100000032

REFERENCE : 932934 7367901

AUTHORIZATION

COST LIMIT

*Patricia Pijuta*  
\$ 908.75  
~~138.75~~

ORDER DATE : February 17, 2003

ORDER TIME : 8:28 AM

ORDER NO. : 932934-005

CUSTOMER NO: 7367901

CUSTOMER: Juan D. Orr  
Nations First Financial  
Po Box 6078 - Us Hwy 19n  
  
Palm Harbor, FL 34684

RECEIVED  
03 FEB 17 AM 10:34  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: NATIONS FIRST FINANCIAL  
ENTERPRISES INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore

EXAMINER'S INITIALS \_\_\_\_\_



**Nations First Financial Enterprises, inc.**

PO Box 6078 US Hwy 19N Palm Harbor FL 34684

[www.nationsfirstfinancial.net](http://www.nationsfirstfinancial.net)

To Whom It May Concern:

As per our conversation with your office on 2/12/03, we are filing a corporate reinstatement application. We never received notification that the registered agent had failed to sign the correct papers when we filed our corporate papers for 2003, and was informed by your office that only the enclosed money was due with our application for reinstatement.

We appreciate your attention and assistance in this matter.

Juana D Orr

*Juana D. Orr*  
President