

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000017793

1. Corporation Name

VFIN EXECUTIVE SERVICES, INC.

2. Principal Office Address

3010 North Military Trail

3. Mailing Office Address

3010 North Military Trail

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33431

Country

USA

Zip

33431

Country

USA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB 18 AM 8:00

REINSTATEMENT 03-04
mrs

9/19/03 01096 002 *550.

4. Date Incorporated or Qualified
To Do Business in Florida 2/14/2002

5. FEI Number
02-0560313

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

Angell Corporate Services, Inc.

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

One North Clematis Street

Suite, Apt. #, Etc.

Suite 400

City

West Palm Beach

State

FL

Zip Code

33401

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.

Angell Corporate Services, Inc.

Signature of
Registered Agent

By: *Jonathan E. Cole*

Date Feb. 16, 2004

REGISTERED AGENT MUST SIGN

Jonathan E. Cole, President

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
DPTS	Leoniard J. Sokolow	3010 North Military Trail, Suite 300	Boca Raton FL 33431
DVP	Timothy E. Mahoney	3010 North Military Trail, Suite 300	Boca Raton FL 33431

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:

Jonathan E. Cole
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 13, 2004 561-981-1005

Date

Daytime Phone #

CR2E081 (01/04)