

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

04 JAN -8 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 102000049480

1. Corporation Name

1ST CAPITAL MARKETS CORPORATION

REINST. SENT 03-04

2. Principal Office Address

225 NE MIZNER BLVD

3. Mailing Office Address

225 NE MIZNER BLVD

Suite, Apt. #, etc.

SUITE 514

Suite, Apt. #, etc.

SUITE 514

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33432

Country

USA

Zip

33432

Country

usa

4. Date Incorporated or Qualified  
To Do Business in Florida

05/06/2002

5. FEI Number

38-3651795

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

PHILIP J LING

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

5751-C COACH HOUSE CIR

Suite, Apt. #, Etc.

APT C

City

BOCA RATON

State  
FL

Zip Code  
33486

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

Date 01/06/2004

REGISTERED AGENT MUST SIGN

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/S/C	THOMAS DOLL	2600 ISLAND BLVD, 2902	WILLIMAS ISLAND, FL 33160

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:

THOMAS DOLL

01/06/2004 305-931-3703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)