

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 24 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000078144

1. Corporation Name

TREASURECOM FINANCIAL HOLDINGS, INC

2. Principal Office Address

3965 Investment Lane

Suite, Apt. #, etc.

SUITE A5

City & State

WEST PALM BEACH

Zip

33404

Country

PALM BEACH

3. Mailing Office Address

3965 INVESTMENT LANE

Suite, Apt. #, etc.

SUITE A5

City & State

WEST PALM BEACH

Zip

33404

Country

PALM BEACH

4. Date Incorporated or Qualified

To Do Business in Florida 07/18/2002

5. FEI Number

02-0633480

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

02/09/04 01006 O/S \$750.00

7. Name and Address of Current Registered Agent

Name

SPIEGEL & UTRERA, P.A.

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

1840 SW 22ND ST

Suite, Apt. #, Etc.

4TH FLOOR

City

MIAMI

State

FL

Zip Code

33145

300029302353
02/24/04--01029--023 **151.00

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

Spiegel & Utrera, P.A.

By: Natalia Utrera
Natalia Utrera, Vice President

Date

2/19/04

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
PD	TREASURE, MICHAEL	3965 INVESTMENT LANE, SUITE A5	WEST PALM BEACH, FL 33404
VD	MAINA, MOSES	3965 INVESTMENT LANE, SUITE A5	WEST PALM BEACH, FL 33404
TD	STACEE LEE KINNEY TREASURE	3965 INVESTMENT LANE, SUITE A5	WEST PALM BEACH, FL 33404
SD	ALVIN GRAHAM	3965 INVESTMENT LANE, SUITE A5	WEST PALM BEACH, FL 33404

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:

Natalia Utrera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/16/2004 561-602-488

Daytime Phone #

CR25081 (01/04)