

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000094176**

1. Corporation Name

**CONSUMER'S FINANCIAL ADVOCATES CORP.**

Principal Place of Business

Mailing Address

1345 SW 60 CT  
WEST MIAMI FL 33144

1345 SW 60 CT  
WEST MIAMI FL 33144



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

03

4. Date Incorporated or Qualified  
To Do Business in Florida

08/29/2002

5. FEI Number

33-1025592

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ARGAMASILLA, LEON A	1345 SW 60 CT	WEST MIAMI FL 33144
V	WILLIAMS, ERIK M.	8970 W. FLAGLER ST #105	MIAMI, FL 33174

600024170736  
10/27/03--01082--009 \*\*\*758.75

8. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.  
3150 SANDY RIDGE DR  
CLEARWATER FL 33761

9. Name and Address of New Registered Agent

Name

LEON A. ARGAMASILLA

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

1345 SW 60 CT

Suite, Apt. #, Etc.

City

WEST MIAMI

State

FL

Zip Code

33144

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

*Leon A. Argamasilla*

REGISTERED AGENT MUST SIGN

Date

10/20/03

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:

SIG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/03 305-495-  
7294

CR2E040 (7/03)