

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 17 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000130234

1. Corporation Name

Floridian Community Bank, Inc.

700024762197
11/17/03--01097--001 **150.00

2. Principal Office Address

5599 S. UNIVERSITY DRIVE

Suite, Apt. #, etc.

City & State

DAVIE

Zip

33326

Country

U.S.A

3. Mailing Office Address

5599 S. UNIVERSITY DRIVE

Suite, Apt. #, etc.

City & State

DAVIE

Zip

33326

Country

U.S.A

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/10/02

5. FEI Number

65-1107498

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

DOUGLAS E. CUTCHENS

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

5599 S. UNIVERSITY DRIVE

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33328

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 11/12/03

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
D	DOUGLAS E. CUTCHENS	1150 SOUTHLAKE DR	HOLLYWOOD, FL 33019
D	MIKE FERNANDEZ	2515 MONTCLAIR CIR	WESTON, FL 33327
D	ROBERT GEISERMAN	5599 S. UNIVERSITY DR	DAVIE, FL 33328
D	PARRY GOODMAN	5905 LUCKIE ROAD	WESTON, FL 33331
D	ROBERT KORNAHRENS	4000 NE 31ST AVENUE	LIGHTHOUSE POINT, FL 33064
D	JEFFREY LEGGET	9050 NW 68TH CT	PARKLAND, FL 33067

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:

DOUGLAS E. CUTCHENS

11/12/03

954 434-8050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

9. ADDITIONAL OFFICERS AND DIRECTORS

TITLE	NAME OF OFFICER/DIRECTOR	STREET ADDRESS	CITY,STATE,ZIP
D	JAMES SARGEANT	3020 MILITARY TRAIL #100	BOCARATON,FL 33431
D	G. MICHAEL SCHWEITZER	5599 S. UNIV. DRIVE	DAVIE, FL 33328
D	ROSE WALKER WILLIAMS	6011 SW 136 AVE	FT. LAUDERDALE,FL 33330
D	DAVID M. ZINN	9999 COLLINS AVE #12E	BAL HARBOUR, FL 33154
D	WARREN ZINN	20800 NW 2ND AVE	MIAMI, FL 33169
D	ANDREW ZUCKERMAN	3111 UNIVERSITY DR # 610	CORAL SPRING, FL 33065



Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

Please be advised that we never received our Corporation Annual Report, so we did not file this report. We just opened for business on March 10, 2003. This could be the reason for us not receiving this document.

We contacted a representative from your office, who directed us to file the Reinstatement form with a letter explaining the situation, and to attach the regular filing fee of One Hundred and Fifty Dollars. (\$150.00).

I thank you in advance for your prompt attention to this matter.

Sincerely,

Douglas E. Cutchens
President