

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 MAY 19 AM 8:13

DOCUMENT # P05000002272

1. Corporation Name

Secured Capital Finance, Inc.

W10000002853

2. Principal Office Address - No P.O. Box #

16948 NE 19th Avenue

Suite, Apt. #, etc.

City & State

N Miami Beach, FL

Zip

33162

Country

U.S.

3. Mailing Office Address

16900 NE 19th Avenue

Suite, Apt. #, etc.

City & State

N Miami Beach, FL

Zip

33162

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida 01/05/05

5. FEI Number

331108668

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

Lipson, Stuart A Esq

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

16900 NE 19th Avenue

Suite, Apt. #, Etc.

City

N Miami Beach

State

FL

Zip Code

33162

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

X

REGISTERED AGENT MUST SIGN

Date 1/14/10

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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	Morales, Alexander	16948 NE 19th Avenue	N Miami, FL 33162
			900166675879 01/20/10--01004--005 ***300.00

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

*Alexander Morales*

ALEXANDER MORALES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/14/10

7863239973

Daytime Phone #