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 DEC 11 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

800025399818
12/10/03--01068--011 **750.00

DOCUMENT # **P93000048285**

1. Corporation Name

CHRIS FELTON BROKERAGE & FINANCIAL SERVICES, INC

Principal Place of Business	Mailing Address
11330 SW 164 ST. MIAMI FL 33157-2712	P O BOX 57-1195 MIAMI FL 33757-1195 US

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. 114518
City & State	City & State MIAMI FL
Zip / Country	Zip 33176 / Country BASE

4. Date Incorporated or Qualified To Do Business in Florida: 07/06/1993

5. FEI Number: 65-0428782 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	FELTON, MARY A	11330 SW 164 STREET	MIAMI FL 33157
PSTD	FELTON, CHRISTOPHER R	11330 SW 164 STREET	MIAMI FL 33157

8. Name and Address of Current Registered Agent

HILL, MARLON A ESQ
1200 BRICKELL AVENUE
SUITE 950
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name: Chris Felton
Street Address (P.O. Box Number is Not Acceptable): 13615 S. Dixie Hwy
Suite, Apt. #, Etc: 114518
City: MIAMI / State: FL / Zip Code: 33176

CR2E040 (7/03)

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 _____ Date 12/1/03
REGISTERED AGENT MUST SIGN

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: _____ CHRIS R FELTON 12/1/03 3052549738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #