

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

1996 NOV 12 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

ad
11/10/96

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000088655

1. Corporation Name

FAMILY INVESTMENTS, INC.

Principal Place of Business

153 PALMETTO PARK ROAD
SUITE 155
BOCA RATON FL 33432

Mailing Address

153 PALMETTO PARK ROAD
SUITE 155
BOCA RATON FL 33432

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

2. New Principal Office Address, if Applicable

1300 North Federal Highway

Suite, Apt. #, etc.

Suite 110

City & State

Boca Raton, FL

Zip

33432

Country

USA

3. New Mailing Office Address, if Applicable

1300 North Federal Highway

Suite, Apt. #, etc.

Suite 110

City & State

Boca Raton, FL

Zip

33432

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/1993

5. FEI Number

52-1057731

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	PORPORO, V.	21 BENDAMERE CRESCENT	MARKHAM ON
P/S/T	Nikolas, Michael	1300 North Federal Hwy., #110	Boca Raton, FL 33432
			100002007881--1 -11/19/96--01081--021 *****375.00 *****375.00
			100002007881--1 -11/19/96--01081--022 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name
Michael Nikolas
Street Address (P.O. Box Number is Not Acceptable)
1300 North Federal Highway
Suite, Apt. #, Etc.
Suite 110
City
Boca Raton
State
FL
Zip Code
33432

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.

Signature of
Registered Agent

Michael Nikolas
REGISTERED AGENT MUST SIGN

Date 11/7/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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: *Michael Nikolas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/96
Date
561-368-5990
Daytime Phone #

CR2040 (7/96)