

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # P94000093427		FILED 28 AUG 25 PM 1:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1. Corporation Name Nova Financial Corporation					
Principal Place of Business 700 S. Federal Hwy. Suite 200 Boca Raton, FL 33432					
Mailing Address Same as principal place		REINSTATEMENT 97-98 8/25/98			
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			
4. Date Incorporated or Qualified To Do Business in Florida		12-28-94			
5. FEI Number		Applied For			
65-0548473		Not Applicable			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		S\$ 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	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
D	Gary L. Shapiro	700 S. Federal Hwy. Ste. 200	Boca Raton, FL 33432		
D	Edgar Otto	6400 Congress Ave. Ste. 2800	Boca Raton, FL 33487		
S	Stacy McMillen	700 S. Federal Hwy. Ste. 200	Boca Raton, FL 33482		
7000002626107-- 6 -08/26/98--01101--005 ****300.00 ****300.00					
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
Stacy McMillen, Esq. 700 South Federal Highway Suite 200 Boca Raton, FL 33432		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, Etc.			
		City	State FL	Zip Code	
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 Stacy McMillen		Date 8.24.98			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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: Stacy McMillen, Secretary		8/24/98 361 4170090 Date Daytime Phone #			