

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 FEB 23 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000093427**

1. Corporation Name

**NOVA FINANCIAL CORPORATION**

Principal Place of Business

Mailing Address

**700 S. Federal Hwy,  
Suite 200  
Boca Raton, FL 33432**

**700 S. Federal Hwy,  
Suite 200  
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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/28/1994**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**65-0548473**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Director	GARY L. SHAPIRO	700 S. Federal Hwy, Ste 200	Boca Raton, FL 33432
Director	EDGARD OTTO	6400 Congress Ave, Ste 2800	Boca Raton, FL 33487
Secretary	STACY MC MILLER	700 S. Federal Hwy, Ste 200	Boca Raton, FL 33432
			4000003148664---E -02/28/00--01011--006 *****8.75 *****8.75
			<b>REINSTATEMENT 99-00 TS</b>

8. Name and Address of Current Registered Agent

**STACY MC MILLER, Esq.  
700 S. Federal Hwy, Ste 200  
Boca Raton, FL 33432**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is not acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

**4000003148664---E**

**-02/28/00--01011--006**

**\*\*\*\*300.00 \*\*\*\*300.00**

**FL**

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

*[Signature]*

**STACY MC MILLER**  
REGISTERED AGENT MUST SIGN

Date **2/10/00**

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/10/00**

Date

Daytime Phone #

CR2E081 (12/98)