PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name

1ST FINANCIAL HOLDING CORPORATION OF SOUTH FLOR

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

South Application of Business South Application South Applic	IDA	·							
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Suita, Apt. # etc. Suita, Apt. #			3. New Maili	ng Office Address, If A	Applicable	4. Date Incorpo	orated or Qualified		
Suite, Apt. 81. Suite,	<u> 555</u>	ME 34 STREET	555 W	EBY STREET		I To Do Business in Florida			
City & State City & State City & State City & State Country C	. —	2 63 -1				5. FEI Number			
Title(s) 2 STATE State Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) 2 Names and Street Addresses of Each Officer and/or Directors Street Address of Each Officer and/or Directors 3 Officer and/or Directors 4 City / State / Zip		<u> </u>				<u> </u>	65-0573199	Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Title(s) 2 Name of Officers and/or Directors 3 Street Address of Each Officer and/or Director 4 City / State / Zip PD BROWN, VINCENT T 19043 NW 52 CT MIAMI FL TD LAPREAD, MICHAEL G 6163 FOREST HILL NORCROSS GA SD PHILLIPS, FLOYD 8281 SW 84 TERRACE MIAMI FL D DAWSON, ANDIE 5715 SW 130 ST MIAMI FL 1 0 0 0 3 9 3 4 2 1 - 1 - 0 9 / 20 / 20 0 - 0 10 0 2 - 0 0 2				Country		1	\$8.75	Additional Fee required	
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D DAWSON, ANDIE 5715 SW 130 ST MIAMI FL 1 0 0 3 3 9 8 4 2 1 - 1	πο.	LAPREAD, MICHAEL G	MICHAEL G 6163 FOREST HILL				NORCROSS GA		
Dawson, Anule 5/15 SW 130 SI	SD	PHILLIPS, FLOYD		8281 SW 84 TEF	RRACE	······································	MIAMI FL		
BROWN, VINCENT T 19043 NW 52 CT MIAMI FL 33055 Signature of Registered Agent Street Address of Section 607.0505, F.S. Signature of Registered Agent	D	DAWSON, ANDIE		5715 SW 130 ST	•		MIAM! FL	-)	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Na						10			
BROWN, VINCENT T Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL 33\31 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 o	-		,			1	000033984 -09/20/0001	.211 002003	
Street Address (P.O. Box Number is Not Acceptable) 19043 NW 52 CT MIAMI FL 33055 Suite, Apt. #, Etc. City City City State Zip Code FL 33\31		8. Name and Address of Curren	Registered Age	i int	[9. Name and A			
19043 NW 52 CT MIAMI FL 33055 Suite, Apt. #, Etc. City City State Signature of Registered Agent	DDOM.	N MANOCAGE T			1 V11		T. Brow) 1-1	
Suite, Apt. #, Etc. City WIAMI 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 Date 9-6-00		The second secon		_ 	Street Address (P.O. Box Number	is Not Acceptable)		
City WIAM State Zip Code FL 33\37 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 Date 9-6-00									
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Signature of Registered Agent SIGNATURE DEONING NATE Record Agent Date		·•			City W. A.	ند		33137	
Signature of Registered Agent SIGNATURE REGISTER BROWN Date 9-6-00	10. I, being	appointed the registered agent of the at	ove named corp	oration, am familiar w	ith and accept the o	bligations of Sect			
Registered Agent Date		1000	ייייייייייייייייייייייייייייייייייייי			0		5 C)	
REGISTERED AGENT MOST SIGN		Agent	ECISTEDED AC	ENT MUST SIGN	TETEN 2011	· brown	Date\	<u></u>	
		· ·	CEGISTERED AG	ENT 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 filling	this rein	istatement application, the reason for dis	solution has beer	eliminated, the corpo	orate name satisfies	the requirements	or section 607.0401 or 617.040	1, F.S., that all fees	

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 info that is indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REGILIRAD	T. BROWN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

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