

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 30 PM 5:29



DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

1. Corporation Name  
Equity One Financial, Inc.

## 2. Principal Office Address

3000 OldAlabama Rd., #119

Suite, Apt. #, etc.

Suite 330

City &amp; State

Alpharetta, GA

Zip	Country	Zip	Country
30022	Fulton		

### 3. Mailing Office Address

\_\_\_\_\_ same

Suite, Apt. #, etc.

City &amp; State

Zip	Country
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**4. Date Incorporated or Qualified To Do Business in Florida**

5. FEI Number  
58 2211592

Applied For
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒ **\$8.75 Additional Fee required for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

Deanna DelPian

Street Address (P.O. Box Number is Not Acceptable)

3205 Audobon Court

Suite, Apt. #, Etc.

City

Tarpon Springs

State  
FL

Zip Code  
34688

**8.** I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Desane DelPino

Date 9/27/01

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
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Pres.	Daniel DePiano	3000 Old Alabama Rd., #119	Alpharetta, GA 30022
		Suite 330	

10. 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:**

Daniel Peltier, Pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/01

678-339-9933

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E081 (9/00)