

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 AUG 27 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96 0000 25608**

1. Corporation Name

FIRST CENTIER CORP.

Principal Place of Business

Mailing Address

**6187 NW 187th ST #H1
MIAMI LAKES, FL 33015**

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

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

3/22/96

5. FEI Number

65-0675596

Applied For

Not Applicable

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)

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
Pres	Paul Ziegler	2844 OAKBROOK DR.	FT. LAUDERDALE FL 33332

900002975249--1
-08/31/99--01085--019
*****8.75 *****8.75

900002975249--1
-08/31/99--01085--020
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

**William Siegel
7699 NW 79th AVE
TAMARAC, FL 33321**

9. Name and Address of New Registered Agent

Name **M. William Davis**
Street Address (P.O. Box Number is Not Acceptable)
1320 S. DIXIE HWY
Suite, Apt. #, Etc.
1061
City **MIAMI** State **FL** Zip Code **33146**

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

REGISTERED AGENT MUST SIGN

Date **8/2/99**

11. This corporation owes or has paid 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

301-844-1700

10840 Japonica Ct.
Boca Raton, FL 33498


1st Centier Corp.

August 19, 1999

Dear Sir or Madam:

Please consider this letter your authorization allowing First Centier Corp. to use this name.

Sincerely,



Lauren Rothstein
President

LR/jr.