

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 5:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000041269

1. Corporation Name

FIRSTTRUST FINANCIAL GROUP, INC.

Principal Place of Business

1936 BOOTHE CIRCLE  
LONGWOOD FL 32750  
US

Mailing Address

1936 BOOTHE CIRCLE  
LONGWOOD FL 32750  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/08/1996

5. FEI Number

59-3418247

Applied For

Not Applicable

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 3	City / State / Zip 4
D	KIRK, EDWIN V	1936 BOOTHE CIRCLE	LONGWOOD FL 32750

8. Name and Address of Current Registered Agent

KIRK, EDWIN V.  
1936 BOOTHE CIRCLE  
LONGWOOD FL 32750

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-23-02

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)(l), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-23-02

CR2E040 (8/02)

**F**IRSTTRUST  
FINANCIAL GROUP

1936 BOOTHE CIRCLE  
LONGWOOD, FL 32750

October 23, 2002

Subject: **FIRSTTRUST FINANCIAL GROUP, INC.**

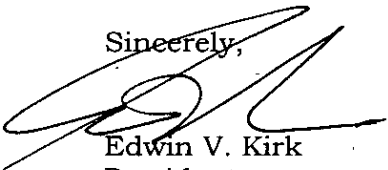
Reference Number: **P96000041269**

I respectfully request that the State reinstate the corporate license for FIRSTTRUST FINANCIAL, without fees. As the enclosed documents will support, a revocation would not be in order since it appears that the required report was subsequently misplaced after being received by the Department.

- Check for \$150.00 that accompanied the 2002 uniform business report, was received by the State and deposited accordingly on May 16, 2002. Copy of check enclosed.
- On May 28<sup>th</sup>, a letter from the State said the report was not filed and that a copy of the report was being returned for officer/director signature. The report copy was signed and returned to the State April 26<sup>th</sup>. Copy of State letter and signed uniform business report enclosed.
- After several phone calls to the Department it was agreed the license would be reinstated after signing the Application for Reinstatement. Original application with signatures of registered agent and corporate officer enclosed.

Thank you in advance for your prompt attention to this matter. Please let me know immediately if this request will not be honored. Phone: 407-788-3355. Fax: 407-788-3850.

Sincerely,



Edwin V. Kirk  
President  
Firsttrust Financial Group, Inc.