

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY 26 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P96000066471**

1. Corporation Name

**MICOR CAPITAL ADVISORS CORP.**

Principal Place of Business

Mailing Address

417 EAST SHERIDAN STREET, STE. 303  
DANIA BEACH FL 33004

417 EAST SHERIDAN STREET, STE. 303  
DANIA BEACH FL 33004



**REINSTATEMENT 03-04**

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

08/09/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0686220

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	BROWARNIK, MICHAEL W	417 EAST SHERIDAN STREET, STE. 3	DANIA BEACH FL 33004
			400037791 194 06/09/04--01019--005 **900.00
			400037791 194 06/09/04--01019--006 **8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROWARNIK, MICHAEL W  
417 EAST SHERIDAN STREET, STE. 303  
DANIA BEACH FL 33004

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]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

4/22/04

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 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**  
MICHAEL BROWARNIK

Date

4/22/14

Daytime Phone #

877-338-8700

CR2E040 (7/03)