

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 15 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000037213**

1. Corporation Name

THE FINANCIAL COACH, INC

2. Principal Office Address

8306 MILLS DR.

Suite, Apt. #, etc.

244

City & State

MIAMI FL.

Zip

33183

Country

3. Mailing Office Address

8306 MILLS DR.

Suite, Apt. #, etc.

244

City & State

MIAMI FL.

Zip

33183

Country

REINSTATEMENT 00-03

4. Date Incorporated or Qualified
To Do Business in Florida

04/25/97

5. FEI Number

650748833

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

ANDRES PARRA

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

13534 S.W. 114 CT

Suite, Apt. #, Etc.

City

MIAMI FL

State

Zip Code

200017314602
04/29/03--01068--004 **500.10

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

REGISTERED AGENT MUST SIGN

Date

04/11/03

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
P	ANDRES PARRA	13534 S.W. 114 CT	MIAMI FL 33176
			200017314602 04/29/03--01068--006 **200.75
			200017314602 04/29/03--01068--005 **500.00

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:

SIGNATURE AND APPEARED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 794 2765
04/11/03

Daytime Phone #