

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P97000051621**

00 NOV 15 AM 10:53

1. Corporation Name

FIRST FLORIDA ADMINISTRATORS, INC.

Principal Place of Business

Mailing Address

15231 WILSHIRE CIR. S.
PEMBROKE PINES FL 33027
US

15231 WILSHIRE CIR. S.
PEMBROKE PINES FL 33027
US



REINSTATEMENT 00

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 06/10/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0922317	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PD	BARTEL, KAREN S	15231 WILSHIRE CIR S	PEMBROKE PINES FL 33027
VPD	BRATEL, STANLEY J	46 S.W. 1ST AVE., 4TH FLOOR	MIAMI FL 33130
S	BARTEL, STANLEY J	46 S.W. 1ST AVE., 4TH FLOOR	MIAMI FL 33130
			800003489658--1 -12/06/00--01084--005 ****200.00 ****200.00
			800003489658--1 -12/06/00--01084--005 ****550.00 ****550.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BARTEL, STANLEY J 44 W FLAGLER #406 MILTON FL 33130		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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: *Stanley J Bartel* **SIGNATURE REQUIRED** Date: 11-10-00
REGISTERED AGENT MUST SIGN

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: *Stanley J Bartel* **SIGNATURE REQUIRED** Date: 11-10-00 Daytime Phone #: 305 358-4945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)