

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P97000059888**

1. Corporation Name

FOCUS FINANCIAL SERVICES OF SOUTH FLORIDA, INC.

Principal Place of Business

7301 WEST PALMETTO PARK ROAD SUITE 210B
BOCA RATON FL 33433

Mailing Address

7301 WEST PALMETTO PARK ROAD SUITE 210B
BOCA RATON FL 33433

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

07/08/1997

5. FEI Number

654-0766313

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	APPLEFELD, L. DAVID	7301 WEST PALMETTO PARK ROAD SUITE 210B	BOCA RATON FL 33433

300003070513--8
-12/15/99--01016--011
****750.00 ****750.00

8. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BLVD #211
PALM BEACH GARDENS FL 33418

9. Name and Address of New Registered Agent

Name **L. David Applefeld**
Street Address (P.O. Box Number is Not Acceptable)
7301 West Palmetto Park Rd. Suite 210B
Suite, Apt. #, Etc.
Suite 210B
City **Boca Raton** State **FL** Zip Code **33433**

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

L. David Applefeld
REGISTERED AGENT MUST SIGN

Date

11/10/99

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:

L. David Applefeld
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/99
Date Daytime Phone #

KE

FILED

99 DEC -2 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT **99**

CR2040 (8/99)