1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 AUG -3 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000007048

1. Corporation Name
Poggi Financial, Inc.

REINSTATEMENT 0001

2. Principal Office Address	3. Mailing Office Address
11365 Earnest Blvd	Same as office addr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Davie, FL	City & State
Zip: 33325 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 1.22.98

5. FEI Number: 650819507 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: Peter A. Poggi
Street Address (P.O. Box Number is Not Acceptable): 11365 Earnest Blvd.
Suite, Apt. #, Etc.:
City: Davie State: FL Zip Code: 33325

LS

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: X Peter A. Poggi (REGISTERED AGENT MUST SIGN) Date: X 8/1/01

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,D	Peter A. Poggi	11365 Earnest Blvd	Davie, FL 33325
			800004514688--5

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.

954-236

SIGNATURE: X Peter A. Poggi X 8/1/01 X 3788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2of2

ACCOUNT NO. : 072100000032

REFERENCE : 360789 92298A

AUTHORIZATION :

COST LIMIT : $ 908.75 Patricia Pizzuto

ORDER DATE : August 2, 2001

ORDER TIME : 11:23 AM

ORDER NO. : 360789-005

CUSTOMER NO: 92298A

CUSTOMER: Harvey Schneider, Esq
Schneider & Heffner
Suite 301, West Building
1900 Corporate Boulevard, N.w.
Boca Raton, FL 33431

DOMESTIC FILINGS

RECEIVED
01 AUG -3 PM 12:56
DIVISION OF CORPORATION

NAME: POGGI FINANCIAL, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS _____