

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

99 OCT 28 AM 10:39

DOCUMENT # P98000016326

1. Corporation Name

TRANSPORTATION FINANCIAL CAPITAL GROUP, INC.

Principal Place of Business

1600 W COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33309

Mailing Address

1600 W COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33309

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

02/19/1998

5. FEI Number

X 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MORGAMAN, PHILIP E	1600 W COMMERCIAL BLVD.	FT. LAUDERDALE FL 33309
D	NICHOLS, NEAL C	1600 W COMMERCIAL BLVD.	FT. LAUDERDALE FL 33309
D	STEPHENSON, MARK	1600 W COMMERCIAL BLVD.	FT. LAUDERDALE FL 33309

000003035500--2  
-11/04/99--01088--006  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KASS, STEVEN  
777 BRICKELL AVENUE  
SUITE 500  
MIAMI FL 33131

Name  
Daniel W. Carlson

Street Address (P.O. Box Number is Not Acceptable)  
1600 W. Commercial Blvd.

Suite, Apt. #, Etc.

City  
Ft. Lauderdale

State  
FL

Zip Code  
33309

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

*Dan Carlson*

REGISTERED AGENT MUST SIGN

Date 10/27/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK STEPHENSON

Date

10/27/99 (954) 493-6565 x814

Daytime Phone #

AD