

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  
TALLAHASSEE, FLORIDA

01 OCT 26 PM 2:47

DOCUMENT # P98000048067

1. Corporation Name

FINANCIAL TECHNOLOGY SERVICES, INC.

Principal Place of Business

Mailing Address

7241 SW 132ND AVE.  
MIAMI FL 33183

7241 SW 132ND AVE.  
MIAMI FL 33183



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

05/29/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0922623

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

33144

DADE

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
RD	MOLINA, JULIO C	7241 SW 132ND AVE	MIAMI FL 33183
TD	MOLINA, NEGUI	7241 SW 132ND AVE.	MIAMI FL 33183

000004679570-4

-11/14/01--01094-014

\*\*\*\*150.00 \*\*\*\*015.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOLINA, JULIO C  
7241 SW 132ND AVE.  
MIAMI FL 33183

Name

NEGUI MOLINA

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

8260 W Flager St Suite 2C

Suite, Apt. #, Etc.

City

Miami

State

Zip Code

FL

33144

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

*M. Molina*

REGISTERED AGENT MUST SIGN

Date

10/23/01

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:

*M. Molina*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/01

Daytime Phone #

CR20040 (8/01)

292

October 23, 2001

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Ref: Document # P98000048067

Dear Reinstatement Department,

On behalf of FINANCIAL TECHNOLOGY SERVICES INC., I am writing to request reinstatement of my company. Due to unexpected events, I was unable to send payment on time. At the time the form was mailed, 1) I was out of town doing business, 2) I had changed the corporation address, 3) my former accountant, was unable to perform his duties due to illness. Finally, I was able to obtain the report from our prior address.

Enclosed is a check for \$150.00 to pay the annual report for the year 2001. I hope that your generosity and understanding of this matter will be sufficient enough to avoid any penalty.

Thank you again for your understanding.

Sincerely,



Negui Molina  
Treasurer/Director