

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

LOUISIANA DEPARTMENT OF STATE
Baton Rouge, Louisiana
DIVISION OF CORPORATIONS

DOCUMENT # **P98000050426**

1. Corporation Name

FIRST FINANCIAL SERVICES M&A INC.

Principal Place of Business

16600 SW 77TH AVENUE
MIAMI FL 33157

Mailing Address

16600 SW 77TH AVENUE
MIAMI FL 33157

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

06/03/1998

5. FEI Number

65-0848584

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
CEO	Xenophon John Pateras	16600 SW 77th Ave	Miami, FL 33157
Dir	Fulton Macdonald	40 Central Park South	NY, NY 10019
Dir	Timothy Ellis	5301 Delta River Drive	Lansing, MI 48906

8. Name and Address of Current Registered Agent

ECHVERRIA, CARLOS
9250 SW 28TH STREET
MIAMI FL 33165

9. Name and Address of New Registered Agent

Name **Hector M. Duran II**
Street Address (P.O. Box Number is Not Acceptable)
10740 LEANOR RD.
Suite, Apt. #, Etc.
COOPER CITY
City
FL State
33026 Zip Code

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

[Signature]

REQUIRED

REGISTERED AGENT MUST SIGN

Date **11/8/99**

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:

Xenophon John Pateras
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **10/2/99**
Daytime Phone # **305 969-1392**

FILED

99 NOV 10 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09/23/99 90001039 #150

SP

CR25040 (9/99)