

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUL 20 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000059292

1. Corporation Name

FIRST FINANCIAL NETWORK, INC.

1450 S. Dixie Highway

1450 S. Dixie Highway

2. Principal Office Address

1450 S. Dixie Highway

3. Mailing Office Address

1450 S. Dixie Highway

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

Boca Raton

City & State

Boca Raton

Zip

33432

Country

Palm Beach

Zip

33432

Country

Palm Beach

**REINSTATEMENT 03-04**

4. Date Incorporated or Qualified  
To Do Business in Florida 07/01/98

5. FEI Number  
65-0848289

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
Willis B. Hale

Street Address (P.O. Box Number is Not Acceptable)  
1450 S. Dixie Highway

Suite, Apt. #, Etc.  
Suite 201

City  
Boca Raton

000038645920

07/02/04--01056--006 \*\*750.00

000038645920

07/21/04--01005--002 \*\*150.00

State  
FL

Zip Code  
33432

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

*Willis B. Hale*

REGISTERED AGENT MUST SIGN

Date 07/01/2004

**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
PD	Willis B. Hale	1450 S. Dixie Highway	Boca Raton, FL 33432

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.

SIGNATURE:

*Willis B. Hale*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/01/2004

Date

954 644-2802

Daytime Phone #

CR2E081 (01/04)