

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 21 PM 3:57

DOCUMENT # P98000072309

1. Corporation Name

FIRST FINANCIAL PLANNERS FOR SENIORS, INC.

Principal Place of Business

Mailing Address

23 TAM O'SHANTER LANE  
BOCA RATON FL 33431

23 TAM O'SHANTER LANE  
BOCA RATON FL 33431



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

5735 16<sup>th</sup> AVE NW  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5735 16<sup>th</sup> AVE NW  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

08/18/1998

5. FEI Number

65-0852813

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip  
34119

Country

Zip  
34119

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
DPST	WINSTON, ROBERT	23 TAM O'SHANTER LANE	BOCA RATON FL 33431
DPST	WINSTON, ROBERT	5735 16 <sup>th</sup> AVE NW	NAPLES, FL 34119
			600003514676--4 -12/27/00--01071--020 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

WINSTON, ROBERT  
23 TAM O'SHANTER LANE  
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name  
ROBERT WINSTON  
Street Address (P.O. Box Number is Not Acceptable)  
5735 16<sup>th</sup> AVE NW  
Suite, Apt. #, Etc.  
City  
NAPLES  
State  
FL  
Zip Code  
34119

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

Robert Winston  
REGISTERED AGENT MUST SIGN

Date

10-24-00

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:

Robert Winston  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-24-00

Daytime Phone #

941-403-8864