

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 19 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000074169

1. Corporation Name

FINTEC SOLUTIONS CORP.

Principal Place of Business

5400 N. OCEAN BLVD., #18
FORT LAUDERDALE FL 33308

Mailing Address

5400 N. OCEAN BLVD., #18
FORT LAUDERDALE FL 33308

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

08/25/1998

5. FEI Number

65-0858795

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$5.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D/ CEO	LINDA S. CARSTEN	5400 N. OCEAN BLVD #18	FT LAUDERDALE, FL 33308
D/ PRES.	STEPHANIE C. MURPHY	133 NORTH POMPAHO BEACH BLVD #709	POMPAHO BEACH, FL 33062
D/ CIO	VINCENT LEON	200 E. ROYAL BLVD #202	BOCA RATON, FL 33432
D/ COO	LISA WERNER	5177 NW 81ST TERRACE	CORAL SPRINGS, FL 33067
100003038571--1 -11/09/99--01011--018 ****758.75 ****758.75			

8. Name and Address of Current Registered Agent

CARSTEN, LINDA S
5400 N. OCEAN BLVD., #18
FORT LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
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

Linda S. Carsten
REGISTERED AGENT MUST SIGN

Date 10/15/99

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: Linda S. Carsten
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954)
10/15/99 786-3977
Daytime Phone #

CR25040 (8/98)