

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 OCT 24 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000083699

**1. Corporation Name**

First Florida Financial Resources Group, Inc.

**2. Principal Office Address**

3914 6th Street South

Suite, Apt. #, etc.

**City & State**

Saint Petersburg, FL

Zip  
33705

Country  
USA

**3. Mailing Office Address**

P. O. Box 35085

Suite, Apt. #, etc.

**City & State**

Saint Petersburg, FL

Zip  
33705

Country  
USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9/24/99

**5. FFL Number**

59-3534641

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**

Carmen Malvert

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

111 40th Avenue Southeast

Suite, Apt. #, Etc.

**City**

St. Petersburg

**State**

FL

**Zip Code**

33705

**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

*Carmen Malvert*

Date

10/20/06

REGISTERED AGENT MUST SIGN

**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
PVD	Carmen Malvert	111 40th Avenue South East	St. Petersburg, FL 33705
1			

400081160444

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**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 contained in Chapter 119, 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:**

*Carmen Malvert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/06

Daytime Phone #