

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

00 APR 28 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **798 0000 84666**

1. Corporation Name

WASHINGTON FINANCIAL INC.

2. Principal Office Address

5851 HOLMBERG RD.

Suite, Apt. #, etc.

4211

City & State

PARKLAND, FL

Zip

33067

Country

BROWARD

3. Mailing Office Address

5851 HOLMBERG RD.

Suite, Apt. #, etc.

4211

City & State

PARKLAND, FL

Zip

33067

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

10-02-98

5. FEI Number

65-0873834

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

JORGE CASTRO

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

5851 HOLMBERG RD. # 4211

Suite, Apt. #, Etc.

City

PARKLAND

State

FL

Zip Code

33067

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*******908.75 *****908.75**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **4/26/00**

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
DIRECTOR	BRUCE PESETSKY	1351 NW 39 TERR.	COCONUT GREEK FLORIDA 33066
OFFICER	JORGE CASTRO	5851 HOLMBERG RD. #4211	PARKLAND, FL 33067

REINSTATEMENT

[Signature]

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/26/00**

Daytime Phone # **954/899-7778**

CR2E061 (9/99)