

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000088250**

1. Corporation Name

**FINANCIAL INDEPENDENCE SYSTEMS, INC.**

Principal Place of Business

Mailing Address

499 SHERIDAN ST.  
DANIA FL 33004

499 SHERIDAN ST.  
DANIA FL 33004

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/15/1998

5. FEI Number

65-0868758

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SCHEIN, ALAN	499 SHERIDAN ST.	DANIA FL 33004

900023908149

10/17/03--01060--018 \*\*150.00

8. Name and Address of Current Registered Agent

SCHEIN, ALAN  
499 SHERIDAN ST.  
DANIA FL 33004

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
10/14/2003

REGISTERED AGENT MUST SIGN

Date 10/14/2003

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/2003

Date

954 921 2400 x113

Daytime Phone #

CR2E040 (7/03)



October 14, 2003

**FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS**

Glenda E. Hood  
Secretary of State  
PO Box 6327  
Tallahassee, Florida 32314-6327

Regarding: Annual Report/Reinstatement

To the Division of Corporations:

Financial Independence Systems, Inc. did not receive the two prior uniform business report (UBR) notices.

Enclosed are the following:

1. The completed application for reinstatement
2. \$150 check for UBR filing fee along with this letter in lieu of penalty fees

Please contact our accounting department with any additional information you may require at 954-921-2400 extension 131 and ask for Ed Matera.

Sincerely,

A handwritten signature in black ink, appearing to read "ASchein", written over a horizontal line.

Alan Schein  
President