

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR 21 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000001228

1. Corporation Name

FIRST CAPITAL MANAGEMENT, INC.

2. Principal Office Address

201 S. Biscayne Blvd

Suite, Apt. #, etc.

28th Floor

City & State

Miami, FL 33131

Zip

33131

Country

USA

3. Mailing Office Address

201 S. Biscayne Blvd.

Suite, Apt. #, etc.

28th Floor

City & State

Miami, FL 33134

Zip

33131

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0885037

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT-03-04

7. Name and Address of Current Registered Agent

Name

Patrick Gonzalez

200032193242

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

201 S. Biscayne Blvd

Suite, Apt. #, Etc.

28th Floor

City

Miami

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date

4/19/07

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
PD	Gonzalez, Patrick	201 S. Biscayne Blvd	Miami, FL 33131

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/07 (305) 476-5274

CR2E081 (01/04)