

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 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000020086**

1. Corporation Name

THE FINANCEABLE INC.

Principal Place of Business

Mailing Address

**4805 SW 64 PLACE
MIAMI FL 33155**

**4805 SW 64 PLACE
MIAMI FL 33155**

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

03/01/1999

5. FEI Number

65-0900610

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| PSD | SHIFRIN, RICHARD | 4805 SW 64 PLACE | MIAMI FL 33155 |
| VD | SANCHEZ-SHIFRIN, BIBIANA | 4805 SW 64 PLACE | MIAMI FL 33155 |
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600023914846
10/17/03--01089--010 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SHIFRIN, RICHARD
4805 SW 64 PLACE
MIAMI FL 33155**

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

REGISTERED AGENT MUST SIGN

Date

10/14/03

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:

RICHARD SHIFRIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/14/03 365-661-0422

THE FINANCEABLE INC.

4805 Southwest 64th Place - Miami, Florida 33155 - Phone: (305) 661-0422 - Fax: (305) 665-3643

October 14, 2003

Division of Corporations
Annual Report/Reinstatement Section
P O Box 6327
Tallahassee, FL 32314-6327

Dear Sirs:

This is to inform you that we never received the two prior uniform business report notices. We want to reinstate this company and we would have gladly paid the fee of \$150.00 had we received the forms, as we have done so in previous years.

Please consider this a plea to reinstate this corporation without penalty. Enclosed please find check for the amount of \$150.00.

Thanks you in advance for your help and consideration.

Sincerely,



Richard Sharrin
President