

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 MAY -3 AM 9:49  
RECEIVED  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000062962

1. Corporation Name

FINANCIAL ADVISOR.COM, INC.

2. Principal Office Address

1101 BRICKELL AVENUE

3. Mailing Office Address

1101 BRICKELL AVENUE

Suite, Apt. #, etc.

NORTH TOWER #1004

Suite, Apt. #, etc.

NORTH TOWER #1004

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33131

Country

USA

Zip

33131

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 07/15/1999

5. FEI Number

65-0935899

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

02-05

**7. Name and Address of Current Registered Agent**

Name

PHIL E. ROSENSWEIG

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

1101 BRICKELL AVENUE

Suite, Apt. #, Etc.

NORTH TOWER #1004

City

MIAMI FL

State

FL

Zip Code

33131

600054686336  
05/17/05--01065--011 \*\*600 00

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 MAY 02, 2005

**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	PHIL E. ROSENSWEIG	1101 BRICKELL AVENUE NORTH TOWER 1004	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

MAY 02, 2005

Date

Daytime Phone #

CR2E081 (01/04)

65

2 of 2

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

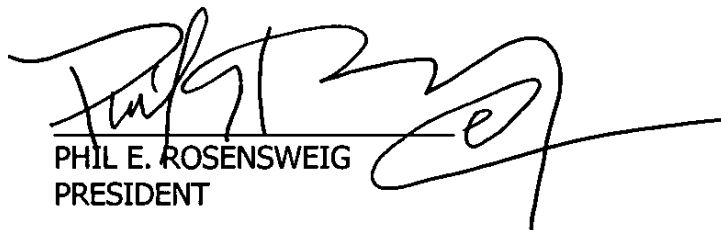
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED OUR ANNUAL REPORT FORM SINCE 2002 FROM YOUR OFFICE TO PAY THE UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

  
PHIL E. ROSENSWEIG  
PRESIDENT