

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000073371

1. Corporation Name

FIRST2MARKET, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

2500 E. HALLANDALE BEACH BLVD.
SUITE 605A
HALLANDALE FL 33009

Mailing Address

2500 E. HALLANDALE BEACH BLVD.
SUITE 605A
HALLANDALE FL 33009

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

5495 Marion St.

Suite, Apt. #, etc.

City & State
Denver CO

Zip
80216

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/17/1999

5. FEI Number

91-1989216

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Micheal Marsowicz	15100 NW 7th	Papias, FL 33026
S/D	Howard Stern	5698 St. Anne's Way	Boca Raton, FL 33496
D	Doug Olson	5494 Marion St.	Denver, CO 80216

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****750.00 ****750.00

8. Name and Address of Current Registered Agent

STERN, HOWARD B
600 CORPORATE DR
SUITE 102
FORT LAUDERDALE FL 33334

9. Name and Address of New Registered Agent

Name

Howard Stern

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

5698 St. Anne's Way

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33468

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.

Signature of
Registered Agent

Howard B. Stern
REGISTERED AGENT MUST SIGN

Date

10/24/00

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

Howard B. Stern
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/00 954-456-7078