

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 FEB -9 PM 5:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P99000080633

1. Entity Name  
EMPIRE INVESTMENT ADVISORS, INC.

Principal Place of Business  
2170 WEST STATE ROAD 434  
SUITE 100  
LONGWOOD, FL 32779

Mailing Address  
2170 WEST STATE ROAD 434  
SUITE 100  
LONGWOOD, FL 32779



01232007 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3599711

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOJNOWSKI, DONALD  
2170 WEST STATE ROAD 434 STE 100  
LONGWOOD, FL 32779

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME WOJOWSKI, DONALD  
STREET ADDRESS 2170 WEST STATE ROAD 434 STE 100  
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME RABINOVICI, STEVE  
STREET ADDRESS 2170 WEST STATE ROAD 434 STE 100  
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GORDON, BRAD  
STREET ADDRESS 2170 WEST STATE ROAD 434 STE 100  
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME RUDY, JOHN  
STREET ADDRESS 2170 WEST STATE ROAD 434 STE 100  
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WARSHAW, KIRK  
STREET ADDRESS 2170 WEST STATE ROAD 434 STE 100  
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CCO ☐ Delete  
NAME WILSON, JOHN  
STREET ADDRESS 2170 WEST STATE ROAD 434 STE 100  
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DON WOJNOWSKI 2-6-07 407-551-1886

Date

Daytime Phone #

200088535072  
02/19/07--01002--024 \*\*300.00  
B 2/12/07  
REINSTATEMENT 06-07