

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY 14 AM 9:02

DOCUMENT # P99000084628

1. Corporation Name

White Financial Holdings, Inc.

2. Principal Office Address - No P.O. Box #

907 SE 7th Street

Suite, Apt. #, etc.

3. Mailing Office Address

907 SE 7th Street

Suite, Apt. #, etc.

City & State

Fort Lauderdale

City & State

Fort Lauderdale

Zip

33301

Country

USA

Zip

33301

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 9-23-99

5. FEI Number

650998410

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Roxanne K. Beilly

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

907 SE 7th Street

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33301

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Roxanne Beilly*

REGISTERED AGENT MUST SIGN

Date 5-9-08

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
P, D	Roxanne K. Beilly	907 SE 7th Street	Fort Lauderdale, FL 33301
D	Charles B. Pearlman	350 E. Las Olas Blvd. Suite 1700	Fort Lauderdale, FL 33301

REINSTATEMENT 02-08 *BS 5/24/08*

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 contained in Chapter 119, 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:

*Roxanne Beilly* Roxanne Beilly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-9-08

Date

954 522-8570

Daytime Phone #