FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 04 DEC 27 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

~~W 04 [illegible]~~ 29

DOCUMENT # P 99000086156

1. Corporation Name: FFRC Holdings Inc

REINSTATEMENT 03-04

90-0209934

2. Principal Office Address		3. Mailing Office Address	
1499 W. Palmetto Pk. Rd		1499 W. Palmetto Pk rd	
Suite, Apt. #, etc. 314		Suite, Apt. #, etc. 314	
City & State: Boca Raton		City & State: Boca Raton	
Zip: 33486	Country: Palm Beach	Zip: 33486	Country: Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida: 9/28/99

5. FEI Number: ~~58 2258777~~ Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: ~~[illegible]~~ Lippman Valinsky + Stofer, P.A.

Street Address (P.O. Box Number is Not Acceptable): 100 NE 3rd ave

Suite, Apt. #, Etc.: # 610

City: FT Lauderdale State: FL Zip Code: 33301

8. Having been 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: [signature] REGISTERED AGENT MUST SIGN Date: 12/17/04

9. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	Anny V. Barahona	1499 W. Palmetto Pk rd	Boca Raton Fl 33486
			200043300542 12/09/04--01029--009 **750.00
		[initials] 12/27	200043300542 12/27/04--01083--003 **158.75

10. I certify that I am an officer or director of the member 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: X [signature] 12/6/04 561-391-1328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #