

300- PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Page 1 of 2

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR -2 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P99000090559  
Certified Financial Corporation

2. Principal Office Address

4712 No.

Australian Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Mangonia Park

Zip

33407

Country

P.B.C.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0960560

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

Richard Lee Armstrong

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

4712 N. Australian Ave

Suite, Apt. #, Etc.

600003828616--1

-03/09/01--01103--003

\*\*\*\*300.00 \*\*\*\*300.00

City

Mangonia Park

State

FL

Zip Code

33407

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

Richard Lee Armstrong

REGISTERED AGENT MUST SIGN

Date 2-14-01

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

owner	Richard Lee Armstrong	4712 N. Australian Ave	Mangonia Park FL 33407
Pres.			

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)(l), 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

2-14-01 (561) 252-0607

Date

Daytime Phone #

CR2E081 (9/00)

CFC

**CERTIFIED FINANCIAL CORPORATION**

4712 NO. AUSTRALIAN AVE ~ MANGONIA PARK, FL 33407 ~ U.S.A.  
Phone 561-252-0607 ~ Fax 561-881-9834 ~ Email CERTIFIEDSTOCK@aol.com

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February 25, 2001

TO FL. DEPARTMENT OF STATE  
CORPORATION REINSTATEMENT;

~~THIS IS MY REQUEST TO BE BE REINSTATED. THE REASON THAT I~~  
DIDNT PAY MY FEE IS THAT I MOVED FROM 1616 FL MANGO RD.  
W.P.B. FL. TO 4712 NO. AUSTRALIAN AVE MANGONIA PARK, FL 33407,  
I GAVE A FORWARDING ADDRESS , BUT YOUR BILL FOR RENEWAL  
DID NOT COME, THIS IS MY FIRST YEAR HAVING A CORP. I HOPE THAT  
YOU WILL REINSTATE MY CORP. FOR \$300.00 . IF YOU ARE WILLING  
HERE IS MY \$ 300.00 CK IF YOU ARE WILLING. THANK YOU FOR YOUR  
TIME.

BEST REGARDS  
RICHARD LEE ARMSTRONG

