

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 14 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000100666

1. Corporation Name

1ST FINANCIAL FEDERAL INC.

RECEIVED 02-04

2. Principal Office Address

210 UNIVERSITY DRIVE

Suite, Apt. #, etc.

301

City & State

LOCAL SPRINGS, FL

Zip

33071

Country

USA

3. Mailing Office Address

210 UNIVERSITY DRIVE

Suite, Apt. #, etc.

301

City & State

LOCAL SPRINGS, FL

Zip

33071

Country

USA

500039085925

07/14/04--01010--010 **1058.75

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/99

5. FEI Number

65-0963296

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

Joseph P. Andy

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

210 UNIVERSITY DRIVE

Suite, Apt. #, Etc.

301

City

LOCAL SPRINGS

State

FL

Zip Code

33071

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

07/10/04

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
Pres.	Joseph P. Andy	210 UNIVERSITY DRIVE	LOCAL SPRINGS FL 33071
VP	Joseph P. Andy	210 UNIVERSITY DRIVE	LOCAL SPRINGS FL 33071
Dir.	Joseph P. Andy	210 UNIVERSITY DRIVE	LOCAL SPRINGS FL 33071

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph P. Andy

PRESIDENT

07/10/04

Date

954-757-9330

Daytime Phone #

CR2081 (01/04)