

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S82301

1. Corporation Name

FIRST INTERNATIONAL CORPORATION

Principal Place of Business

Mailing Address

4501 N. TAMiami TRAIL
SUITE 420
NAPLES FL 33940

4501 N. TAMiami TRAIL
SUITE 420
NAPLES FL 33940

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 98

4. Date Incorporated or Qualified To Do Business in Florida

09/24/1991

5. FEI Number

65-0286580

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

Title(s)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4	City / State / Zip
D	SLATER, PAUL		4501 N TAMiami TR., #420		NAPLES FL	
D	SLATER, BARBARA		4501 TAMiami TRAIL N/ SUITE 420		NAPLES FL	

3000002700009--1
-12/02/98--01034--017
*****750.00 *****750.00

DS 11/15

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOODLETTE, J. DUDLEY ESQ.
GOODLETTE, COLEMAN & JOHNSON, P.A.
4001 TAMiami TRAIL NORTH, SUITE 300
NAPLES FL 34103

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

~~Signature~~ REQUIRED

Date

11/14/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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)(f), 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

11/12/98

Date

941 263 2666

Daytime Phone #