

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 21 PM 12:41

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/24/1991	
City & State		City & State		5. FEI Number	
Zip		Country		65-0286580	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 A Additional Fee required for a Certificate of Status	

REINSTATEMENT 77

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	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

300003029853-0
-11/01/99--01005--020
*****750.00 *****750.00

8/10/27

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 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] Date 10/19/99

REGISTERED AGENT MUST SIGN

11. 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] PAUL SLATER Date 10/18/99 Daytime Phone # 941 263 2666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E000 (8/99)