

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB -2 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V20025

1. Corporation Name

SFI FINANCIAL SERVICES, INC

2. Principal Office Address

2578 Enterprise RD

Suite, Apt. #, etc.

Suite 350

City & State

Orange City, FL

Zip

32763

Country

USA

3. Mailing Office Address

2578 Enterprise RD

Suite, Apt. #, etc.

Suite 350

City & State

Orange City, FL

Zip

32763

Country

USA

REINSTATEMENT 03-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

3/6/1992

5. FEI Number

84-1700642

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

Clement W. Law

300065571413

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

209 Cedarwood Court

02/10/06--01026--023 **1353.75

Suite, Apt. #, Etc.

City

DEBARY

State

FL

Zip Code

32713

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

Clement W. Law

Date 1/26/06

REGISTERED AGENT MUST SIGN

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	Clement W. Law	209 Cedarwood Court	DEBARY, FL 32713
SEC.	MARIE L. LAW	209 Cedarwood Court	DEBARY, FL 32713

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 contained in Chapter 119, 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:

Clement W. Law

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/06

Date

386-668-1752

Daytime Phone #