

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

AND
FILED

98 DEC 14 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V26089

1. Corporation Name
FFN, Inc.

Principal Place of Business Mailing Address
2699 Stirling Road, Suite C-307
Fort Lauderdale, FL 33312

REINSTATEMENT 94-98

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.		4/03/92	
City & State		City & State		5. FEI Number	
				65-0330971	
Zip		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Stanley Weinstein	2699 Stirling Road, Ste. C-307	Fort Lauderdale, FL 33312

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-12/22/98--01051--020
***1350.00 ***1350.00

12/15

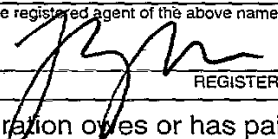
8. Name and Address of Current Registered Agent

Leon J. Wolfe, Esq.
Suite 3400-- One Biscayne Tower
Two South Biscayne Blvd.,
Miami, FL 33131-1897

9. Name and Address of New Registered Agent

Name
Leon J. Wolfe, Esq.
Street Address (P.O. Box Number is Not Acceptable)
Berman Wolfe & Rennert, P.A.
Suite, Apt. #, Etc.
100 S.E. Second Street, Ste. 3500
City
Miami
State
FL
Zip Code
33131

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  Date 11/25/98
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

11/10/98 (305) 577-4163
Date Daytime Phone #

CR26040 (1/88)