

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Nov 03, 2004  
Secretary of State**

DOCUMENT# F01000004435

Entity Name: VIATICAL & LIFE SETTLEMENT ASSOCIATION OF AMERICA, INC.

**Current Principal Place of Business:**

800 MAYFAIR CIRCLE  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

800 MAYFAIR CIRCLE  
ORLANDO, FL 32803

**New Mailing Address:**

FEI Number: 52-1912672      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HEAD, DOUG  
800 MAYFAIR CIRCLE  
ORLANDO, FL 32803      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T      ( ) Delete  
Name: LOY, PHILIP  
Address: 280 HERITAGE WALK  
City-St-Zip: WOODSTOCK, GA 30188

Title: V      ( ) Delete  
Name: LUCENT, JOE  
Address: 814 HIGHWAY A1A, SUITE 302  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S      ( ) Delete  
Name: CASEY, BRIAN  
Address: 1170 PEACHTREE STREET, NE STE 1900  
City-St-Zip: ATLANTA, GA 30309

Title: AS      ( ) Delete  
Name: HEAD, DOUG  
Address: 800 MAYFAIR CIRCLE  
City-St-Zip: ORLANDO, FL 32803

Title: P      ( ) Delete  
Name: FREEMAN, BRYAN  
Address: 415 EAST PACES FERRY ROAD NE  
City-St-Zip: ATLANTA, GA 30305

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUG HEAD

AS

11/03/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date