

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F01000004435

FILED
Oct 05, 2005
Secretary of State

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

Current Principal Place of Business:

1504 EAST CONCORD ST.
ORLANDO, FL 328035412

New Principal Place of Business:

Current Mailing Address:

1504 EAST CONCORD ST.
ORLANDO, FL 328035412

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: DOUG HEAD

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

Electronic Signature of Signing Officer or Director

ED

10/05/2005

Date