Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

CORPORATION REINSTATEMENT

LIFE INVESTORS FINANCIAL GROUP, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$900.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 JUL 16 PM 10: 33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F07000004271

1. Corporation Name

LIFE INVESTORS FINANCIAL GROUP, INC.

REINSTATEMENT

CR2E081 (12/08) 08-09

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4333 Edgewood Road, NE	4333 Edgewood Road, NE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cedar Rapids, IA	City & State: Cedar Rapids, IA
Zip: 52499 / Country: Linn	Zip: 52499 / Country: Linn

4. Date Incorporated or Qualified To Do Business in Florida: 08/22/2007

5. FEI Number: 611513662 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION | State: FL | Zip Code: 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: _____ James M. Halpin Assistant Secretary
REGISTERED AGENT MUST SIGN

Date: 7/15/09

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/D	Pete Adkins	4333 Edgewood Road, NE	Cedar Rapids, IA, 52499
VP	John Kneeland	4333 Edgewood Road, NE	Cedar Rapids, IA, 52499
Sec/D	Andrew Martin	4333 Edgewood Road, NE	Cedar Rapids, IA, 52499
Treas	Scott Miller	4333 Edgewood Road, NE	Cedar Rapids, IA, 52499
Dir	Lance Larsen	4333 Edgewood Road, NE	Cedar Rapids, IA, 52499

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: _____ 7/8/09 319-355-8963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL018 - 01/06/2003 C T System Online

BB. Williams JUL 17 2009