

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS



FILED

99 AUG 12 PM 12:18

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**REINSTATEMENT** 98-99

DOCUMENT # G18357

1. Corporation Name  
**Financial Associates, Inc.**

Principal Place of Business Mailing Address

6170 Edgewater Dr. Orlando, FL 32810 6170 Edgewater Dr. Orlando, FL 32810

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida  
 1/11/1983

5. FEI Number  
 59-2561158

6. CERTIFICATE OF STATUS DESIRED  **SP**  
 Applied For Not Applicable  
 \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PT	Richard M. Highsmith	3022 Troy Dr.	Orlando, FL 32806
VS	Marilyn L. Highsmith	4509 Conway Gardens Rd.	Orlando, FL 32806
V	Scott A. Bass	2418 Auld Scot Blvd.	Ocoee, FL 34761
V	Russell A. Glotfelty	715 Briercliff Dr.	Orlando, FL 32806
			600002964936--9 -08/19/99--01086--012 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

Richard M. Highsmith  
 3022 Troy Drive  
 Orlando, FL 32806

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City State Zip Code  
 FL

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 *RM Highsmith* REGISTERED AGENT MUST SIGN Date 8/9/99

11. This corporation owes 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)(i), 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: *RM Highsmith* Richard M. Highsmith SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 8/9/99 Daytime Phone # 407/523-6700

CR2E081 (12/98)