PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
01 DEC 12 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **333831**

1. Corporation Name

FORTUNE FINANCIAL, INC.

Principal Place of Business	Mailing Address
P O BOX 10729 JACKSONVILLE FL 32247-7729	P O BOX 10729 JACKSONVILLE FL 32247-7729

REINSTATEMENT 2001

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
Suite, Apt. #, etc.: P O Box 17127	Suite, Apt. #, etc.: P. O. Box 17127
City & State: Jacksonville, Fla.	City & State: Jacksonville, Fla.
Zip: 32245-7127 Country: USA	Zip: 32245-7127 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/15/1968

5. FEI Number: 59-1218935 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
~~V~~ C D	~~SANDERS, DUANE A.~~ Arthur Cahoon	~~10475-110 FORTUNE PKWY~~ 1200 Riverplace Blvd. S-902	~~JACKSONVILLE FL~~ Jacksonville, Fla.
~~S~~ D	~~PURCELL, CARLENA E.~~ R. Lee Smith	~~10475-110 FORTUNE PKWY~~ 1200 Riverplace Blvd. S-902	~~JACKSONVILLE FL~~ Jacksonville, Fla.
P	WORTMAN, J J	10475-110 FORTUNE PKWY	JACKSONVILLE FL 32256
D	GARRITY, MICHEAL J.	10475-110 FORTUNE PKWY	JACKSONVILLE FL
VD	MCCORKLE, THOMAS J	10475-110 FORTUNE PKWY	JACKSONVILLE FL
T S	BROCKELMAN, MARK P	10475-110 FORTUNE PKWY	JACKSONVILLE FL 32256

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
PURCELL, CARLENA 10475-110 FORTUNE PKWY JACKSONVILLE FL 32256	Name: J. John Wortman Street Address (P.O. Box Number is Not Acceptable): 1200 Riverplace Blvd Suite, Apt. #, Etc.: Suite 902 City: Jacksonville State: FL Zip Code: 32207

CR2E040 (8/01)

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: J J Wortman
REGISTERED AGENT MUST SIGN

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-12/26/01--01094--016
Date: ****750.00 ****750.00 10/22/01

11. 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: J. John Wortman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. John Wortman 10/22/01 904-421-3276
Date Daytime Phone #