PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN -4 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700004

1. Corporation Name
Florida Financial Services Association, Inc
1020 East Lafayette St, Suite 107
Tallahassee, FL 32301

REINSTATEMENT 03-05

2. Principal Office Address	**3.** Mailing Office Address
1020 E Lafayette St	Same
Suite, Apt. #, etc.: Suite 107	Suite, Apt. #, etc.: Same
City & State: Tallahassee	City & State: Same
Zip: 32301 Country: Leon	Zip: Same Country: Leon

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-0661624 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Joseph S. Shuler

Street Address (P.O. Box Number is Not Acceptable): 1020 E Lafayette St

100044526281
01/11/05--01037--010 **183.75

Suite, Apt. #, Etc.: Suite 107

City: Tallahassee | State: FL | Zip Code: 32301

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: Joseph S. Shuler Date: 1-4-05
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
CPD	Joseph S. Shuler	1020 E. Lafayette St #107	Tallahassee, FL 32301
STD	Greg Erath	1660-8 N. Monroe St	Tallahassee FL 32301
VD	Jeff Cash	206 8th St.	Des Moines, IA 50309

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 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: Joseph S. Shuler 1-4-05 850 224 2197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Financial Services Association, Inc.
1020 E. Lafayette Street, Suite 107
Tallahassee, Florida 32301-1804

Telephone: 850.224.2197 Fax: 850.224.2191

January 3, 2005

Via Hand Delivery

Florida Secretary of State
George Firestone Building
Gaines Street
Tallahassee, FL 32301

Dear Sir or Madam:

The Florida Financial Services Association did not receive a renewal for its corporation due to a move in 2003. Our former address was 215 S. Monroe Street, Suite 825, Tallahassee, Florida 32301. The current address is 1020 E. Lafayette Street, Suite 107, Tallahassee, Florida 32301.

Because of this move and our not receiving the renewal, we respectfully request that the reinstatement fees be waived.

Thank you for your consideration of this matter.

Sincerely,

FLORIDA FINANCIAL SERVICES ASSOCIATION

Joseph S. Shuler, President

JSS:vq
h:\jht\ffsa\sec state ltr.doc

122
61
-83