PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 23 AM 8:00

DOCUMENT # 726303

REINSTATEMENT 02-04

700029872497
03/04/04--01031--004 **358.75

1. Corporation Name
Southwest Florida Association of Insurance & Financial Advisors, Inc.

2. Principal Office Address	3. Mailing Office Address
18449 Pine Lox Dr	P.O. Box 2337
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers FL	City & State: Fort Myers FL
Zip: 33912 Country: U.S.A.	Zip: 33902 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 5/2/73

5. FEI Number: 23-7317697 ☐ 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: Brian Cassell

Street Address (P.O. Box Number is Not Acceptable): 6017 Pine Ridge Rd #254

Suite, Apt. #, Etc.:

City: NAPLES State: FL Zip Code: 34119

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: [signature] Date: 2/20/04
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
S/D	Ed Kirk	5303 SW 28th PL	Cape Coral FL 33914
V/D	R. Mark Hardin	2575 Toledo Blade #1	North Port FL 34286
D	Richard Durnwald	8191 College Pkwy #206	Ft. Myers FL 33919
P	Brian Cassell	6017 Pine Ridge Rd #254	NAPLES FL 34119

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: [signature] President 2/20/04 239-775-2009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #