PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.				
	STATEMENT	DA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	2007	FILED MAR 26 PM 4: 39 SPETARY OF STATE
DOCUMENT # 732847 1. Corporation Name The Jacksonville Financial Analysts Society, Inc.			TALI	CRETARY OF STATE _AHASSEE.FLORIDA
WITUUDO8651			:	
2. Principal Office Address 1579 The GREEN'S WAY Same			REI	NSTATEMENT 89-61
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State			To Do Busi	porated or Qualified ness in Florida $5/23/1475$
Jack Zp 322	convilleBeach FL Zip Zip	Country	6. CERTIFICATE	Applied For Not Applicable FOR STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
ي من		Name and Address of Current Register	ed Agent	Tor a Germicate of Status
	Name Topon TT	.// 0	91	00095905998 /0701043016 **1271.50
	Street Address (P.O. Box Number is/Not Acceptable	(a) (7) (n)		00095905998
490) Version (245) WY 04/05/0701043017 **61. 5 suite, Apt. *, Etc.				
	City	<u>'</u>		State Zip Code FL 32246
	Jacksonville			
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 Date 12-14-06 REGISTERED AGENT MUST SIGN				
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
ρ	Joseph I. Janocko	4800 Deerwood Campus	- : -	Jacksonville, FL 32246
1	David A. Furfine	1579 The Greens Way,	Suite 20	Jackson ville Beach FL 32250
S	Fred Briggs	4800 Deerwood Campu	s Pkwy	Jacksmuille FL 32246
y	Eric P. Zarkovich	225 Water St. 5th	Floor	Jacksonville FL 32202
D	June L. Lundy	225 Water St. 5th	Floor	Jacksonville, FL 32202
D	William Laird Jr.	214 Hogan St		Jacksonville FL 32202
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 filling 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: SIGNATURE: Date Daytime Phone *				
SIGNATURE AND TYPED OR PRINTED NAME OF SUNING OFFICER OR DIRECTOR Date Daytime Phone #				
3/29 av				

Florida Corporation Reinstatement The Jacksonville Financial Analysts Society, Inc.

9. Name and Street Addresses of Each Officer and/or Director (Continued)

Christie J. Zarkovich 4600 Touchton Rd., East Bldg., 200 Suite 500 Jacksonville, FL 32246

Carlos Herrero 4600 Touchton Rd., East Bldg., 200 Suite 500 Jacksonville, FL 32246

Chris Rea 1361 13th Avenue South, Suite 240 Jacksonville Beach, FL 32250