

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Dec 02, 2013 08:00 AM
Secretary of State

DOCUMENT # F060606403

1. Corporation Name

VITAL TRUST BUSINESS
DEVELOPMENT CORPORATION

300254821853
12/02/13--01047--007 **1455.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #

5021 W NASSAU ST

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip Country

33607 USA

3. Mailing Office Address

5021 W. NASSAU ST

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip Country

33607 USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/02/2006

5. FEI Number

280503197

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

ALEX H. EDWARDS III

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

5021 W NASSAU ST

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33607

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

A.H. EDWARDS III

Date 11/25/13

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
D: CEO	ALEX H. EDWARDS III	2105 PASS A GRILLE WAY	ST PETE BEACH FL 33706
D	CHRIS GUIDRY	PO BOX 2506	RESERVE, LA 70084
D	BRENT KOVACH	1441 CANAL ST	NEW ORLEANS, LA 70112

10. E-mail Address: A.H. EDWARDS @MAC.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.165, F.S.

SIGNATURE:

A.H. EDWARDS III

A.H. EDWARDS III

11/25/13 813 786 7509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

5-9-13