

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUL 28 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000004578**

1. Corporation Name

PRIVATE INVESTOR RESERVES CORPORATION

REINSTATEMENT

2. Principal Office Address

100 EAST LINTON BLVD.

3. Mailing Office Address

100 EAST LINTON BLVD

Suite, Apt. #, etc.

SUITE 112B

Suite, Apt. #, etc.

SUITE 112B

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33483

Country

USA

Zip

33483

Country

USA

700021833517

07/28/03--01015--008 ***1050.00

4. Date Incorporated or Qualified
To Do Business in Florida

Aug 4, 1999

5. FEI Number

522187066

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

DAVID M. JENNINGS

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

100 E LINTON BOULEVARD

Suite, Apt. #, Etc.

SUITE 112B

City

DELRAY BEACH

State

FL

Zip Code

33483-3345

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 **7/16/03**

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
PRES.	DAVID M. JENNINGS	222 LAKEVIEW AVENUE, 18 TH FL Penthouse 3	W. Palm Beach, FL 33401
DIR	CARSON H. POWERS	35 BEEHOLM ROAD	Reading, CT 06896
DIR	CHRISTOPHER C. FLAESCH	6619 IVY HILL DRIVE	McLean, VA 22101
COO	JAMES A. BROWN	100 E. LINTON BLVD., #112B	DELRAY BEACH, FL 33483

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] **David Jennings**

Date **7/16/03**

Daytime Phone # **561-707-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/7/25

CR2E061 (10/02)