

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F99000005848**

1. Corporation Name

FENESCO FINANCIAL ENTERPRISES, INC.

Principal Place of Business

850 RIDGE LAKE BLVD., STE 400
MEMPHIS TN 38120

Mailing Address

850 RIDGE LAKE BLVD., STE 400
MEMPHIS TN 38120

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/1999

5. FEI Number

62-1282332

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
C	LAZARINI, GARY L	ONE COMMERCE SQUARE-8TH FL	MEMPHIS TN
D	HOLLAND, LEWIS E	ONE COMMERCE SQUARE-8TH FL	MEMPHIS TN
D	SCHEIDT JR, RUDI E	850 RIDGE LAKE BLVD., STE 400	MEMPHIS TN
D	GILMORE, JOSEPH W	850 RIDGE LAKE BLVD., STE 400	MEMPHIS TN
D	KORNER, DENNIS M	850 RIDGE LAKE BLVD., STE 400	MEMPHIS TN
D	GRUBER, SCOTT J	850 RIDGE LAKE BLVD., STE 400	MEMPHIS TN

8. Name and Address of Current Registered Agent

FONT, DEBORAH P
4715 ORDUNA DRIVE
CORAL GABLES FL 33146

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Debbie P. Font
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/25/02

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., 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:

Robert W. McPherson
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

October 29, 2002

Mr. Jim Smith
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

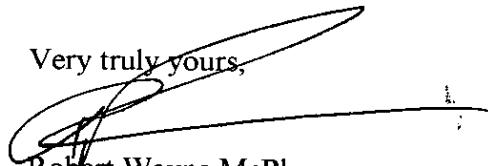
Subject: Fenesco Financial Enterprises, Inc.
Tax ID# 62-1282332

Dear Mr. Smith:

Enclosed for you is a check in the amount of one hundred and fifty dollars (\$150.00) for the reinstatement of Fenesco Financial Enterprises, Inc., to the best of my knowledge we did not receive the two prior uniform business report notices. Also, enclosed for you is the Application for Reinstatement.

If you have any questions, comments or suggestions, or if we may provide you with any additional information, please do not hesitate to contact me at (901) 842-3801 or my assistant Charity Parimore at (901) 842-3817.

Very truly yours,



Robert Wayne McPherson
General Counsel