PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

H06273

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JAN 29 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H06273 (7)

1. Corporation Name
Financial Services & Investment Corporation
28050 U.S. Hwy.19 North Suite 208
Clearwater, Fla. 34621

Principal Place of Business | Mailing Address

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 06/04/1984

5. FEI Number 59-2416777 — 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Richard A.Holtan	29 Washington Terrace St. Louis, MO. 63112	St. Louis, MO. 63112
V.Pres.	Susan B. Gordon	29 Washington Terrace	St. Louis, MO. 63112

700002420547---1
-02/03/98--01097--024
***1575.00 ***1575.00

REINSTATEMENT 92-98

700002420547---1
-02/03/98--01097--025
VS JAN 30 1998 *****75.00 *****75.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name: Roy C. Skelton Esq.
Street Address (P.O. Box Number is Not Acceptable): 28050 U.S. Hwy 19 No.
Suite, Apt. #, Etc.: Suite 208
City: Clearwater, Fla. 34621 | State: FL | Zip Code

CR2E040 (12/96)

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.

Signature of Registered Agent Roy C. Skelton — REGISTERED AGENT MUST SIGN — Date 12/15/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: Richard A. Holtan — Richard A. Holtan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12-5-97 — Daytime Phone # 813-791-7255