

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -3 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H78344**

1. Corporation Name

FORTUNE PREMIUM FINANCE, INC.

Principal Place of Business

J. John Wortman
c/o THOMAS J. MCCORKLE
P.O. BOX 10729
JACKSONVILLE FL 32247-7729

Mailing Address

J. John Wortman
c/o THOMAS J. MCCORKLE
P.O. BOX 10729
JACKSONVILLE FL 32247-7729



REINSTATEMENT 01-02

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

2. New Principal Office Address, If Applicable

200 EXECUTIVE WAY

Suite, Apt. #, etc.

Suite 210

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

USA

3. New Mailing Office Address, If Applicable

200 EXECUTIVE WAY

Suite, Apt. #, etc.

Suite 210

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/27/1985

5. FEI Number

59-2639568

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
DP PD	MCCORKLE, THOMAS J.	10475-110 FORTUNE PKWY	JACKSONVILLE FL 32082
	J. John Wortman	200 EXECUTIVE WAY	Ponte Vedra Beach FL
	PURCELL, CARLENA E.	10475-110 FORTUNE PKWY	JACKSONVILLE FL 32082
DCS	ARTHUR L. CAHOON	200 EXECUTIVE WAY	Ponte Vedra Beach, FL
	SANDERS, DUANE A.	10475-110 FORTUNE PKWY	JACKSONVILLE FL
<p>400009319454 12/03/02--01044--033 **\$900.00</p>			

8. Name and Address of Current Registered Agent

MCCORKLE, THOMAS J.
10475-110 FORTUNE PKWY
JACKSONVILLE FL 32256

9. Name and Address of New Registered Agent

Name

J. John Wortman

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

Suite 20 200 EXECUTIVE WAY

Suite, Apt. #, Etc.

Suite 210

City

Ponte Vedra Beach

State

FL

Zip Code

32082

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

J. John Wortman
REGISTERED AGENT MUST SIGN

Date **November 27, 2002**

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)(l), 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:

J. John Wortman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11- 27-02

Daytime Phone #

(904) 285-1747

CR2E040 (8/01)