| · PLEASE READ | ALL INSTRUCTIO | NS BEFORE | COMPLET | ING THIS FORM. | |
|--|--|---|-------------------------------------|---|-------|
| FOR REINSTATEMENT | Kather he Secretary | | 3 | SECRETARY OF STATE | , |
| DOCUMENT # J90753 1 Corporation Name | | | 7. | LLAHADY OF W | |
| The Continental Financial | Group, Inc. | erito. A | | ASSEE, FI STATE | |
| | STEMENT / | 991-00 | _ | ORIDA | |
| Principal Place of Business 3121 Venture Place | | | | | |
| Suite 4 Jacksonville, FL 32217-621 | e de la composition de la comp | . IB | | | |
| If above addresses are incorrect in any way, line thro | | | 4 Date Incorr | orated or Qualified | |
| 2 New Pencinal Office Address. If Applicable 4110 Southpoint Boulevard 341ew Mailing Office April 110 Southpoint Suite. April 110 Southpoint Suite. April 110 Southpoint Suite. April 110 Southpoint S | | | | ness in Florida 09-03-1987 | |
| Suite 115 City & State | Suite 115 City & State | | 5. FEI Numbe | r Applied For S2369 Not Applied | —≺ |
| Jacksonville, Florida Zip Country | Jacksonville, | Florida Country | 6. | \$8.75 Add/tional Fee requ | uired |
| 32216-0947 USA 7. Names and Street Addresses of Each Officer and/o | | USA | <u> </u> | tor a Certificate of State | -15 |
| Name of Officers and/or Directors | or Director (Florida Horiprolit d | Street Address of Each Officer and/or Director | | City / State / Zip | _ |
| 1 2 | | 3 (Do NOT Use Post Office Box) 4110 Southpoint Bou | | 4 | |
| P Hatchett, Darrell R. | | Suite 115 | | Jacksonville, FL 32216-094 | 17 |
| VP Wieteska, David L. | 4100 Suite | outhpoint Bou 115 | levard | Jacksonville, FL 32216-094 | 17 |
| | | | 7 | | 9 |
| | | | | -09/09/9301081012 ***1861.25 ***1861.25 | |
| | | | | 7000029829879 | |
| | | | | ************************************** | • |
| 8. Name and Address of Current F | Registered Agent | | 9. Name and | Address of New Registered Agent | |
| Darrell R. Hatchett | Name Darrell R | Name Darrell R. Hatchett Street Address (P.O. Box Number is Not Acceptable) | | | |
| 3121 Venture Place | | | | | |
| Suite 4 Jacksonville, FL 32217-621 | Suite Apt. # Fig Suite 115 | Suite Ant. EE Suite 115 | | | |
| 10 T. being appointed the registered agent of the abov | a named corporation am fam | City Jacksonvi | | State Zip Code FL 32216-0947 | , |
| Signature of Registered Agent | STEREO AGENT MUST SIG | 1 | | Date 8-25-55 | |
| 11. This corporation owes the Intangible Personal Propert | current year | | □ No K | (See other side for information on intangible tax.) | |
| | ution has been eliminated, the ames of individuals listed on the | corporate name satisfies his form do not qualify for | the requirements an exemption un | apter 607 or 617, F.S. I further certify that when filing to f section 607.0401 or 617.0401, F.S., that all fees der section 119.07(3)(i), F.S. The information indicat | |
| SIGNATURE: SIGNATURE AND TYPED OR PRIN | TIED NAME OF SUMING OFFICE | R OR DIRECTOR | 8-2 | 7- 55 904-296-3485 Date Daylime Phone 1 | P |



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 26, 1999

THE CONTINENTAL FINANCIAL GROUP, INC. CSC
*** WALK IN ***

RESUBMIT

Pic**ase** give original submission date ਕਵੇਂ ਜ਼ਿੰਦ ਰੋਕਾਂਦ:

SUBJECT: THE CONTINENTAL FINANCIAL GROUP, INC.

Ref. Number: J90753

We have received your document for THE CONTINENTAL FINANCIAL GROUP, INC. and check(s) totaling \$1870.00. However, your check(s) and document are being returned for the following:

The name of the above listed entity is no longer available. Please file an amendment changing the name of this entity. The amendment filing fee is \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Kristen Eckel Document Specialist

Letter Number: 099A00042924