PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

02 JUN 20 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

R2E081 (9/01)

DOCUMENT #

1. Corporation Name

VOTUM FOUNDATION, INC.
Document Number: N99000003048

REINSTATEMENT 2001-2007

2. Principal Office Address		**3.** Mailing Office Address	
P.O. Box 832		P.O. Box 832	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Lake Wales, FL		Lake Wales, FL	
Zip: 33859	Country: US	Zip: 33859	Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 05/17/1999

5. FEI Number: 593580800 ☐ 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: Ronald L. Clark, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 500 South Florida Ave.
Suite, Apt. #, Etc.: Suite 800
City: Lakeland | State: FL | Zip Code: 33801

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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 _____ Date 06/17/2002
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
PTD	Lawrence W. Maxwell	500 S.Florida Ave. Suite 700	Lakeland, FL 33801
VSD	Anita K. Maxwell	500 S.Florida Ave. Suite 700	Lakeland, FL 33801
D	Lawrence T. Maxwell	500 S.Florida Ave. Suite 700	Lakeland, FL 33801
D	Amanda R. Drost	500 S.Florida Ave. Suite 700	Lakeland, FL 33801
D	Benjamin D. Falk	500 S.Florida Ave. Suite 700	Lakeland, FL 33801

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: _____ 6/18/02 (863)647-1581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ACCOUNT NO. : 072100000032

REFERENCE : 631619 82866A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 297.50

ORDER DATE : June 20, 2002

ORDER TIME : 9:45 AM

ORDER NO. : 631619-005

CUSTOMER NO: 82866A

CUSTOMER: H. Adam Airth, Jr., Esq
Clark, Campbell & Mawhinney,
Suite 800
500 South Florida Avenue
Lakeland, FL 33801

DOMESTIC FILINGS

NAME: VOTUM FOUNDATION, INC.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____