PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR 14 PM 3:59

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DOCUMENT # P01000050567

1. Corporation Name
CENTRAL Florida Senior Financial Services, INC

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 8815 Conroy-Windermere Road | 8815 Conroy-Windermere Rd |
| Suite, Apt. #, etc. Suite 216 | Suite, Apt. #, etc. Suite 216 |
| City & State Orlando, Fl | City & State Orlando, Fl |
| Zip 32835 Country US | Zip 32835 Country US |

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3719722 ☐ 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: Charles Roberson
Street Address (P.O. Box Number is Not Acceptable): 8815 Conroy-Windermere Road
Suite, Apt. #, Etc.: Suite 216
City: Orlando State: FL Zip Code: 32835

**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 Charles Roberson / Charles Roberson Date 2-28-2003
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 |
|---|---|---|---|
| PSTD | Charles Roberson | 8815 Conroy-Windermere Road, Suite 216 | Orlando, Fl 32835 |
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**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: Charles Roberson / Charles Roberson 2-28-2003 407-421-9936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Department of State:

Please Reinstate my Corporation As Soon As possible. I had Changed My address OVER A YEAR ago, which I did have my mail forwarded. I NEVER Received my CORP Papers OR Packet for last YEAR OR This YEAR.

Please note my new address is:

8815 Conroy-Windermere Road
Suite 216
Orlando, Fl
32835

Eff Immediately Please.

If anymore information is needed Please Contact me @ 407 421-9936

Charles Roberson
Charles Roberson, 2-28-2003