

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P02081**

1. Corporation Name

UVEST FINANCIAL SERVICES GROUP, INC.

Principal Place of Business

128 S TRYON ST STE 1340
PO BOX 32757
CHARLOTTE NC 28202

Mailing Address

128 S TRYON ST STE 1340
PO BOX 32757
CHARLOTTE NC 28202

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DCEO	ROBINSON, JOHN HENRY JR.	270 COVILLE RD.	CHARLOTTE NC 28207
SVP	ARNOLD, DAN H	2400 VERNON DRIVE	CHARLOTTE NC 28211
SVP	VAUGHAN, MARK A	8924 PARKCREST ST.	HUNTERSVILLE NC 28078
CFO	VINES, MICHAEL L	2600 OXBOROUGH DR.	MATTHEWS NC 28105
VP	SMITH, THOMAS G JR.	7744 PARK RD.	CHARLOTTE NC 28210
VP	PAYNE, TERRI L	11425 VISTA HAVEN DRIVE	CHARLOTTE NC 28226

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TEW, JOEL R.
201 EAST KENNEDY BOULEVARD
SUITE 1512
TAMPA FL 33602

Name
William Allen
Street Address (P.O. Box Number is Not Acceptable)
7522 Front Beach Road
Suite, Apt. #, Etc.

City
Panama City Beach
State
FL
Zip Code
32408

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 *William Allen*
REGISTERED AGENT MUST SIGN

Date **2-16-99**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30. 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:

Michael L. Vines
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



REINSTATEMENT

98-99

4. Date Incorporated or Qualified
To Do Business in Florida

05/17/1984

5. FEI Number

56-1210987

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E040 (9/98)