PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR 94-98 REINSTATEMENT

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

APPROVED AND FILED

98 MAR 11 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P29504

1. Corporation Name

Advanced Financial Services, Inc. of Rhode Island

Principal Place of Business	Mailing Address
~~56 Amaral Street~~ ~~East Providence, RI 02915~~	~~56 Amaral Street~~ ~~East Providence, RI 02915~~

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
25 Enterprise Center	25 Enterprise Center
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Newport, RI	Newport, RI
Zip 02842-5201 Country USA	Zip 02842-5201 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/24/1990

5. FEI Number: 05-0402708 ☐ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PT	Hardiman, Dennis F.	25 Enterprise Center	Newport, RI 02842-5201
VS	Hardiman, Lisa S.	25 Enterprise Center	Newport, RI 02842-5201
AS	Roy, Deanna M.	25 Enterprise Center	Newport, RI 02842-5201

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***1358.75 ***1358.75

REINSTATEMENT 94-98
A. Alas

8. Name and Address of Current Registered Agent

CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

9. Name and Address of New Registered Agent

Name 3/11/98

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

CR2E040 (1/98)

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 Patricia A. Canario PATRICIA A. CANARIO, SPECIAL ASSISTANT SECRETARY PATRICIA A. CANARIO, SPECIAL ASSISTANT SECRETARY Date 3/10/98

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: Deanna M Roy, Asst. Secretary — 3/9/98 — (401)846-3100xx3404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #