PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 96 REINSTATEMENT

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

APPROVED AND FILED
96 NOV 18 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000006544**

1. Corporation Name

FUND ADVISOR'S OF AMERICA INC.

Principal Place of Business	Mailing Address
1180 SPRINGS CENTRE S BLVD SUITE 120 LONGWOOD FL 32714 US	926 GREAT POND DR. SUITE 2001 ALTAMONTE SPRINGS FL 32715 US

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
191 Southhall Ln	101 Southhall Ln.
Suite, Apt. #, etc.: 400	Suite, Apt. #, etc.: Suite 400
City & State: Maitland Florida	City & State: Maitland Fl
Zip: 32751 Country: USA	Zip: 32751 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/22/1993

5. FEI Number: 59-3161205 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
D	GALLOWAY, GREGORY B	2422 MOHAWK TRAIL	MAITLAND FL 32751

000002010840---3
-11/21/96--01023--025
*****375.00 *****375.00

REINSTATEMENT 1996

8. Name and Address of Current Registered Agent

MCELYEA, JOHN H
100 E. FAITH TERRACE
MAITLAND FL 32751

9. Name and Address of New Registered Agent

Name: 11-18-96

Street Address (P.O. Box Number is Not Acceptable):

Suite, Apt. #, Etc.:

City: State: FL Zip Code:

CR2E040 (7/96)

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: SIGNATURE REQUIRED Date: 11/16/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: SIGNATURE REQUIRED Gregory B Galloway President 11/13/96 407-6694769

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

AP