PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPLICATION FOR REINSTATEMENT 95 99

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

FILED
99 DEC -9 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000047891

1. Corporation Name
Relief Financial Services, Inc.

REINSTATEMENT 95-99

Principal Place of Business	Mailing Address
632 Cty Rd 80 Bunnell, FL. 32110	P.O. Box 1400 Bunnell, FL 32110

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
* above is the corrected address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country: Flagler	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 6/14/94

SP

5. FEI Number: 59-3227430 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 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)

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
Pres.	Nancy J. Cheal	632 County Rd 80	Bunnell, FL 32110

300003070523--7
-12/15/99--01018--001
***1358.75 ****278.75

300003070523--7
-12/15/99--01018--001
***1358.75 ***1358.75

8. Name and Address of Current Registered Agent

Nancy J. Cheal
632 Cty Rd 80
Bunnell, FL 32110

9. Name and Address of New Registered Agent

Name: Nancy J. Cheal
Street Address (P.O. Box Number is Not Acceptable): 632 Cty Rd 80
Suite, Apt. #, Etc.:
City: Bunnell | State: FL | Zip Code: 32110

CR2E061 (12/98)

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: Nancy J Cheal — REGISTERED AGENT MUST SIGN — Date: 12-7-99

10. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☑ (See other side for information on intangible tax.)

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: Nancy J Cheal — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 12-7-99 — Daytime Phone #: 904-437-0612