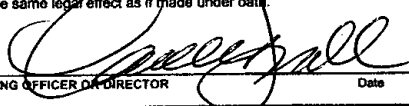


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 AUG 15 PM 12:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P95000049730					
1. Corporation Name Venture Capital Trust, Inc.					
2. Principal Office Address 1862 Cornell Avenue		3. Mailing Office Address 1862 Cornell Avenue		REINSTATEMENT 99-01	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 6/23/1995	
City & State Winter Park FL		City & State Winter Park FL		5. FEI Number 59-3321879	
Zip 32789	Country USA	Zip 32789	Country USA	☒ 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 Michael Hodges					
Street Address (P.O. Box Number is Not Acceptable) 1862 Cornell Avenue					
Suite, Apt. #, Etc.					
City Winter Park FL				State FL	Zip Code 32789
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 		Michael Hodges		Date 8/14/2001	
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	
PRES	CARRIE L. DUVALL	1862 CORNELL AVE		WINTER PARK FL 32789	
VP	MICHAEL D. HODGES	1862 CORNELL AVE		WINTER PARK FL 32789	
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: CARRIE L. DUVALL				Date 8/14/2001	Daytime Phone # 407-599-1543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					