PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING APPROPRIA. FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State 97 OCT 10 AM 9: 06 DIVISION OF CORPORATIONS P96000016214 SECRETARY OF STATE TALLAHASSEE. FLORIDA DOCUMENT # 1. Corporation Name Total Financial Group, Inc. 5951 Wellesley Park Drive, #203 Boca Raton, FL, 33433 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 4. Date Incorporated or Qualified
To Do Business in Florida February /5 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number City & State City & State 65-0735683 Country Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Sta 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) 5951 Wellesley Park Drive, Boca Raton, FL. 33433 Glen A. Burns 700002320617---10/15/97--01042--006 ****165.00 ****165.00 9. Name and Address of New Registered Agent Robert J. Bogdanoff, Esquire 705. E. 44 Avenue Name Street Address (P.O. Box Number is Not Acceptable) Delray Beach, FL, 33483 Suite Apt # Etc. State | Zip Code 10. I, being appointed the politic orntion, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent _ GENT MUST SIGN 11. Does this corporation pa any/in/langible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. on intangible tax.) Yes No l 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 filling 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.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Total Financial Group, Inc. 5951 Wellesley Park Drive, #203 Boca Raton, Florida 33433 (561) 417-0234

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Reinstatement of Corporate Status of Total Financial Group, Inc.

Ladies and Gentlemen:

Per my conference with your office on October 1, 1997, in moving my business office, with the resulting confusion, my attorney was not given the new address which resulted in us missing the timely filing of our annual report. Your office stated that since we caught it quickly and inadvertently missed the timely filing I could send you the enclosed "application for reinstatement" and check number 399 in the amount of \$165.00 for filing with the request that you waive the late fee. I respectfully request that your office do so.

Please accept the enclosed application for filing. Your courtesy in this matter is appreciated.

If you have any questions please contact me.

Very truly yours,

Glenn A. Burns

President