APPLICATION FOR REINSTATEMENT 97-98

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

FILED
Jan 22 1998 8:00 am
Secretary of State

DOCUMENT # P96000025152

1. Corporation Name

VIATICAL SERVICES, INC.

Principal Place of Business	Mailing Address
2755 E. Oakland Pk. Blvd. Suite 230 Fort Lauderdale, FL 33306-1628	2755 E. Oakland Pk. Blvd. Suite 230 Fort Lauderdale, FL 33306-1628

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 3/18/96

5. FEI Number 65-0673272 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $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
P	AMEER KHAN	2755 E. Oakland Park Blvd. Suite 230	Fort Lauderdale, FL 33306
		REINSTATEMENT	900002412919--6 -01/22/98--01014--013 *****900.00 *****900.00
			A. Alan
			Jan. 22, 1998

8. Name and Address of Current Registered Agent

Michael J. McNerney, Esq.
200 East Las Olas Boulevard
Suite 1800
Fort Lauderdale, Florida 33301

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State FL Zip Code

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] REGISTERED AGENT MUST SIGN Date January 20, 1998

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No [X] (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] January 20, 1998 (954) 564-0509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #
AMEER KHAN, President