

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 AUG -3 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000030293

1. Corporation Name

VESTURE FINANCIAL CORPORATION

Principal Place of Business

Mailing Address

33

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97-98

2. New Principal Office Address, If Applicable 3275 66th St. No.		3. New Mailing Office Address, If Applicable P.O. Box 40397		4. Date Incorporated or Qualified To Do Business in Florida 4-8-96	
Suite, Apt. #, etc. Suite #10		Suite, Apt. #, etc.		5. FEI Number 59-3381410	
City & State St. Petersburg, FL		City & State St. Petersburg, FL		Applied For Not Applicable	
Zip 33710	Country US	Zip 33743	Country US	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8 /5 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/T/D	V. Victor Prather, Jr.	3275 66th St. No.	St. Petersburg, FL 33710

500002612535--6  
-08/11/98--01024--009  
\*\*\*\*900.00 \*\*\*\*900.00

*(Signature)*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<i>(Signature)</i>		Name Robert L. McDonald, Jr.	
		Street Address (P.O. Box Number is Not Acceptable) 1311 N. Church Avenue	
		Suite, Apt. #, Etc.	
		City Tampa	State FL
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		Date 7/21/98	
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: V. Victor Prather, Jr. *(Signature)* 7/27/98 813-816-8320  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #