PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P97000088064**

1. Corporation Name

## VETERANS FINANCE CORPORATION

Principal Place of Business

Mailing Address

11901 N.W. 4TH STREET PLANTATION FL 33325

11901 N.W. 4TH STREET PLANTATION FL 33325

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

4/4/2001



| If above a  | iddraesas ara                            | incorrect in any way line th  | hrough incorrect in   | nformation a                                    | and enter correction below.   | _  |  | 0                         |  |
|---|--|---|---|---|---|--|--|---------------------------|--|
| If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mail |  |   |   | iling Office Address, if Applicable             |   | T4! Date incorporated or Qualified To Do Business in Florida                               |  |                           |  |
| Suite, Apt. #, etc. Suite, Apt.   |  |   |   |   |   | 5. FEI Number  |  | 10/10/1997 Applied For    |  |
| City & State City & State   |  |   |   |   |   | b ,  | 84-1176650 Not Appl  |                           |  |
| Zip Country   |  | Country   | Zip   | Country   |   | 6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status |  |                           |  |
| 7. Names  | and Street Ad                            | dresses of Each Officer an  | d/or Director (Flo  | rida nonpro                                     | fit corporations must list at   | least 3 directors)   |  |                           |  |
| Title(s)  | e(s) Name of Officers and/or Directors 2 |   |   | Street Address of Eac<br>Officer and/or Directo |   |  | City / State / Zip   |                           |  |
| Р   | HALL, DAVID A                            |   |   | 11901   | N.W. 4TH STREET   |  | PLANTATION FL 33325  |                           |  |
|   |  |   |   |   |   |  | <br> <br> -  |                           |  |
|   |  |   |   |   |   |  | -04/06/0101006003<br>****700.00 ****700.00   |                           |  |
|   |  |   |   |   |   |  |  | "HSE                      |  |
|   |  |   |   |   |   |  |  |                           |  |
| •   |  |   |   |   | 000039616503<br>-04/06/0101006004   |  |  |                           |  |
| 8. Name and Address of Current Registered Agent   |  |   |   |   | 9. Name and Address of New Red stored Agent ** 95.69  |  |  |                           |  |
|   |  |   |   |   | Name  |  |  |                           |  |
| HALL, DAVID A SR  |  |   |   |   | Street Address (P.O. Box Number is Not Acceptable)  |  |  |                           |  |
| 1701 AIRPORT TERMINAL ROAD<br>DELAND FL 32724   |  |   |   |   | Suite, Apt. #, Etc.   |  |  |                           |  |
|   |  |   |   |   | City State FL Zip Code FL Code State FL State FL Code |  |  |                           |  |
| 10. I, being<br>Signature of<br>Registered  | of                                       | Saila   | REGISTERED AC   |   | RODER STE   | obligations of Sec   |  | 12001                     |  |
| this rein   | nstatement ap                            | officer or director or the rec<br>plication, the reason for dis<br>tion have been paid and th | ceiver or trustee e<br>ssolution has beer<br>e names of individ | mpowered to eliminated duals listed             | to execute this application a   | ies the requirement<br>for an exemption u  | napter 607 or 617, F.S. I furthe<br>is of section 607.0401 or 617,<br>inder section 119.07(3)(i), F.S. | U4U1, F.S., that all fees |  |