PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL -1 PM 4:58

DOCUMENT # P98000068523

1. Corporation Name
BancInvestment Group, Inc.

REINSTATEMENT 99-04

2. Principal Office Address	3. Mailing Office Address
6457 Reflections Drive	6457 Reflections Drive
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: Dublin OH	City & State: Dublin OH
Zip: 43017 Country: USA	Zip: 43017 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/05/98

5. FEI Number: 77-0491769 ☐ 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: C T Corporation System
700039015877
07/12/04--01045--001 **150.00

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
700039015877
07/12/04--01045--002 **8.75

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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: Connie Ryan Date: 7-1-04
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
P	Bradley T. Smith	6457 Reflections Drive Suite 200	Dublin OH 43017
S	Yolande D. Circasta	6457 Reflections Drive	Dublin OH 43017

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: _____ 5/17/04 614 766 8220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 11/12/02 C T System Online