PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. page 1 of 2

APPLICATION FOR [redacted]

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 OCT 16 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000028249

1. Corporation Name

LIVINGSTON FINANCIAL, INC.

Principal Place of Business	Mailing Address
805 VILLAGE WAY PALM HARBOR FL ~~34608~~	805 VILLAGE WAY PALM HARBOR FL ~~34608~~

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 34683 / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/22/1999

5. FEI Number: [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ] $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	4 City / State / Zip
D	LIVINGSTON, LAWRENCE	805 VILLAGE WAY	PALM HARBOR FL ~~34608~~ 34683
			300003441553--6 -10/27/00--01012--006 ****150.00 ****150.00
			TS
			00 UBR

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LIVINGSTON, LAWRENCE 805 VILLAGE WAY PALM HARBOR FL ~~34608~~ 34683	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: Lawrence J. Livingston SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN Date: OCT 14, 2000

11. *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: Lawrence J. Livingston SIGNATURE REQUIRED — LAWRENCE J. LIVINGSTON — OCT 14, 2000 (Date) — 1-800-585-5433 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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October 14,2000

Division Of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Livingston Financial, Inc.
Document # P99000028249 Corp Tax ID # 59-3568301
805 Village Way
Palm Harbor, FL 34683

To whom it may concern,

I received notification from your office of Administrative dissolution or revocation of my corporation. I did not receive any corporation annual report/uniform business report paperwork or I would have surely sent this back to you. Please accept my check for $150.00 for my corporation. Should you need to speak with me regarding this important matter, please call me at my office at 1-800-585-5433. Thank you for your understanding in this matter.

Singerely,

Lawrence J. Livingston