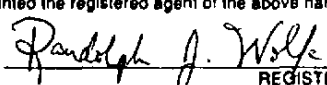
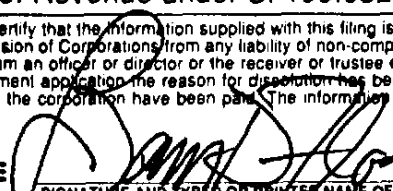


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		FILED 98 APR 23 PM 1:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT #S67214 1. Corporation Name FLAGGSHIP FINANCIAL, INC.		DO NOT WRITE IN THIS SPACE	
Mailing Address 806 S. Davis Blvd. Tampa, FL 33606			
Principal Place of Business Same			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 7/18/91 5. FEI Number 59-3089211 6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	
3. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1	2	3	4
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/D	Barry David Flagg	806 S. Davis Blvd.	Tampa, FL 33606
T/S	Kelly McCathern Flagg	806 S. Davis Blvd.	Tampa, FL 33606
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name Randolph J. Wolfe, Esquire	
		Street Address (P.O. Box Number is Not Acceptable) 201 N. Franklin Street	
		Suite, Apt. #, Etc. Suite 2100	
		City Tampa	
		State FL	Zip Code 33602
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  REGISTERED AGENT MUST SIGN		Date 4/1/98	
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)			
12. 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.)			
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Barry D. Flagg, President 4/21/98 813-273-9416 Date Daytime Phone #	