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

CORPORATION ~~REINSTATEMENT~~

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

000082

FILED
00 NOV 27 PM 3:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

300003493433--8
-12/11/00--01041--014
****150.00 ****150.00

DOCUMENT # P95000065724

1. Corporation Name

STEWARDSHIP FINANCIAL CORP.

STEWARDSHIP FINANCIAL CORP.

2. Principal Office Address	**3.** Mailing Office Address
3500 NW BOCA RATON BLVD	SAME
Suite, Apt. #, etc.: # 609	Suite, Apt. #, etc.: SAME
City & State: BOCA RATON, FL	City & State: SAME
Zip: 33431 Country:	Zip: SAME Country:

4. Date Incorporated or Qualified To Do Business in Florida: 8/24/95

5. FEI Number: 65 061 9912 ☐ 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: JOHN A. LONG

Street Address (P.O. Box Number is Not Acceptable): 3500 NW BOCA RATON BLVD.

Suite, Apt. #, Etc.: # 609

City: BOCA RATON State: FL Zip Code: 33431

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: _____ Date: 11/22/00

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
PRES.	JOHN A. LONG	3500 NW BOCA RATON BLVD.	BOCA RATON, FL. 33431
VP	"	"	"
TRES	"	"	"

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.

KE

SIGNATURE: _____ JOHN A. LONG 11/22/00 561 392 3557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P95-65724 2of2

Stewardship Financial Corp.
"Maximzing Financial Resources"

P.O. Box 670693
Coral Springs, FL 33067
Voice: (954) 427-3346
Fax: (954) 360-0800
sblcfin@aol.com

November 22, 2000

Florida Dept. of State
Corporation Reinstatement
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Dear Sir or Madam:

Please allow this letter to serve as a request for the $600.00 reinstatement fee to be waived against our Corporation. Over the past year, we had to change accounting service provider due to some negligence, on their part, in handling our financial affairs. In addition to the previous, we changed our mailing address to a Broward County Post Office Box. Not all of our mail has been properly forwarded to the new address.

Last but not least, our firm is just beginning to earn an income. A $600.00 payout for us, at this time is a hardship. We are requesting, again, that you waive the reinstatement fee.

Enclosed please find our signed reinstatement form and a check for $150.00 to cover the mandatory annual report and corporate supplemental fee.

Please notify by phone or in writing with your decision concerning this matter. We want to thank you in advance for your consideration of our request.

Sincerely,

John Long
Corporate Officer/President