PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION	
FOR US	
REINSTATEMENT	WE TEN

FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

730056

1. Corporation Name

CORPORATE FIDUCIARIES ASSOCIATION OF SOUTHEAST F LORIDA, INC.

Principal Place of Business

800 S FEDERAL HWY **BOCA RATON FL 33432** Mailing Address

800 S FEDERAL HWY **BOCA RATON FL 33432**



02 NOV 12 AM 9: 10

TALLAHASSEE FLORIDA





1 above addresses are incorrect in any way, line through incorrect 2. New Principal Office Address, If Applicable 200 E. Broward Blvd 3. New Ma		ling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 06/25/1974					
		Suite, Apt. #	#, etc.		5. FEI Number	·	Applied For		
City & State City & State			9			59-1608989	Not Applicable		
Zip	<u>Lauderd</u>	ale, fl 333 Country	O1 Zip		Country	6. CERTIFICATE		Additional Fee require a Certificate of Status	
7. Names	and Street Add	resses of Each Officer and	I/or Director (Fl	orida nonprofi	t corporations must list at lea	ast 3 directors)			
Title(s)	2	Name of Officers and/or Directors		3	Street Address of Each Officer and/or Director		City / State	•	
P/D	Michae	1-Croston	Wachovda				\$200 D. 3564		
T	OROZCO, HAYDEE 2701 SO			Broward By UTH BAYSHORE DRIVE	ld	Ft. Lauderdale, FL 3330 COCONUT GROVE FL 33133			
VP/D	Charles Zalakar			Northern Trust 1100 East Las Olas Blvd.			Ft. Lauderdale		
S Tina Franctic				Worthern Trust 12 2300 Weston Road		·	Weston, FL 33326		
				W 1/2	, iv) 000894228		
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent				
ADAMS, MICHAEL F C/O SUNTRUST BANK 800 S FEDERAL HWY BOCA RATON FL 33432				Street Address (F 200 Suite, Apt. #, Etc	Name MICHAEL CROSTON Street Address (P.O. Box Number is Not Acceptable) 200 E. Broward Blvd, FL 6503 Suite, Apt. #, Etc. Ft. Lauderdale FL 33301				

- Michael E /HOAMS REGISTERED AGENT MUST SIGN Registered Agent

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 filling 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.

Corporate Fiduciaries Association of Southeast Florida, Inc.

October 30, 2002

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

Re: Document #:730056 Corporate Fiduciaries Association of Southeast Florida, Inc. (a not for profit corporation)

Dear Sir/Madam:

Pursuant to our telephone conversation on October 29, 2002, please allow this letter to serve as confirmation that the organization did not receive any URB notices prior to this notification showing the late filing and the notice of Administrative Dissolution or Revocation.

Our organization remains active and as such we respectfully request that we are returned to "active status" and reinstated as a not-for profit corporation. Additionally, please accept this request to waive the Reinstatement Fee in the amount of \$175.00.

Please note the changes of corporate officers this year. The current officers are listed in the enclosed form. Also, please find the enclosed check in the amount of \$61.25 for the Annual Report Fee.

Thank you in advance for your prompt attention to this matter.

Sincerely

Michael F. Adams

As Registered Agent and Immediate Past President

Corporate Fiduciaries Association of Southeast Florida, Inc.

MFA/If Parties - Party Office more more and and a

Enclosed