the P	PLEASE READ	ALL INSTF	RUCTIONS BEFORE	COMPLETI	NG THIS F	ORM.	•
REINS	PORATION STATEMENT	Še DIVISI	EPARTMENT OF STATE CONTROL OF STATE CONTROL OF CORPORATIONS	NOV -9 SECRETARY	PM 2: 11 OF STATE EE FLORIDA		
DOCU 1. Corporat	IMENT # 730056		* * * * * * * * * * * * * * * * * * *	ALL			
CORP INC.	ORATE FIDUCIARIES	OF SOU	THEAST FLORIDA,				,
			BROWARD BLVD	REINS	TATE	VENT D	3-04
Suite, Apt. #	uite, Apt. #, etc.		e, Apl. #, etc.		orated or Qualified		1
City & State City 8		City & State		5. FEI Numbe		06/25/19	lied For
FORT LAUDERDALE FI FORT Zip Country			AUDERDALE FL.	"}	0=8989_	 	Applicable
33301	USA	33301	USA	6. CERTIFICATE	OF STATUS DESIRE	\$8.75 Additional for a Certificate	
·		7. Na	me and Address of Current Regist	ered Agent		····	
	Name MICHAEL CROS	dulma	ð				
	Street Address (P.O. Box Number is N 200 E. BROWA	100	00416	10051			
	Suite, Apt. #, Etc. 10./05./04 01076 882 **122. 5						IJ .
	City				State Zip Co		
Q i being	FORT LAUDERDA appointed the registered agent of the abo		art familiar with and accept the	abligations of social		33301	<u></u> §
Signature of Registered	Ag BY Markail	EGISTERED AGE	orte	obligations of section	Date	Sept. 23,	2.004 Sign
9. Names	and Street Addresses of Each Officer an	d/or Director (Flori	ida 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/D	- WENDY- HOLLOWAY-		-501-E-LASCOLAS BLVD.		FORT LAUDERDALE, FL 38		
VP/D	MARSHALL GILLIG		2001 HOLLYWOOD BLVD.		HOLLYWOOD, FL 33020		
T	SHANNON BUDNICK		1100 E LAS OLAS BLVD.		FORT LAUDERDALE, FL 33		
ន	MARILYN BERMAN		350 E LAS OLAS	BLVD #1	800 FT.	LAUDERDALE	, FL 3
D	DIANA MOLL		2233 N COMMERC	CE PKY #:	3 WESTO	N, FL 3332	6

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 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 hall have the same legal effect as if made under oath.

SIGNATURE:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: CORPORATE FIDUCIARIES ASSOCIATION OF SOUTHEAST FLORID
2. The principal office address: 200 E. BROWARD BLVD, FORT LAUDERDAL, FI. 33301
3. The mailing address (if different):
4. Date of incorporation/qualification: 06/25/1974 Document number: 730056
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
MICHAEL CROSTON
200 E BROWARD BLVD, FL 6503
FORT LAUDERDALE, FL 33301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MARSHALL GILLIG
C/O SUNTRUST BANK 2001 HOLLYWOOD BLVD. (P.O. Box NOT acceptable)
HOLLYWOOD, FL 33020
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
WENDY HOLLOWAY PRESIDENT (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
MARSHALL GILLIG, VICE PRESIDENT/DIRECTOR (Signature of Registered Agent) MARSHALL GILLIG, VICE PRESIDENT/DIRECTOR REGISTERED AGENT
If signing on behalf of an entity:
MARSHALL GILLIG
(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *

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CORPORATE FIDUCIARIES ASSOCIATION OF SOUTHEAST FLORIDA, INC.

Immediate Past President CHARLES D. ZALAKAR

July 29, 2004

OFFICERS FOR 2004/2005

WENDY O. HOLLOWAY President

MARSHALL L. GILLIG Vice President

MARILYN BERMAN Secretary

SHANNON BUDNICK Treasurer

DIRECTOR FOR 2003/2004

DIANA MOLL

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Corporate Fiduciaries Association of Southeast Florida, Inc.
Document number 730056, FEI #59-1608989

Gentlemen:

Please be advised that due to several address changes of our registered agent, we never did receive the non-profit annual report form for the years 2003 and 2004. The forms were not filed in a timely fashion, and our status has now become inactive.

We are now filing our Corporation Reinstatement Form along with the annual report fees for each year dissolved.

As such, we respectfully request that the reinstatement fee be waived at this time.

We have submitted a statement of address change to reflect the correct address to avoid this problem in the future.

Thank you for your consideration.

Sincerely.

Wendy O. Holloway

President