

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 JUN -7 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F07000005985

1. Corporation Name

High Trust Bank

2. Principal Office Address - No P.O. Box #

280 Country Club Drive

Suite, Apt. #, etc.

Suite 100

City & State

Stockbridge, GA

Zip

30281

Country

USA

3. Mailing Office Address

280 Country Club Drive

Suite, Apt. #, etc.

Suite 100

City & State

Stockbridge, GA

Zip

30281

Country

USA

800181778678  
06/07/10--01066--013 \*\*900.00

REINSTATEMENT 09-10

4. Date Incorporated or Qualified  
To Do Business in Florida 12/07/2007

5. FEI Number  
580958284

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

NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

33331

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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.

NRAI Services, Inc.

Signature of  
Registered Agent

*Linda Souther*  
REGISTERED AGENT MUST SIGN

Date 6/3/10

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
CEO	Charles B. Blackmon	280 Country Club Drive, Suite 100	Stockbridge, GA 30281
S	Richard Eason	280 Country Club Drive, Suite 100	Stockbridge, GA 30281
	<i>[Signature]</i>		

10. E-mail Address: rgarvin@swblawfirm.com

(To be used for future annual report notification)

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. I further certify, 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:

*Charles B. Blackmon*

Charles B. Blackmon, CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/3/10 770 692 2438

Daytime Phone #