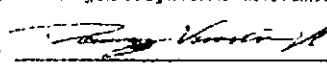


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2017 OCT 13 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1160000008003					
1. Corporation Name Ameritrust, Inc.					
2. Principal Office Address - No P.O. Box # 6800 Weiskopf Avenue Suite, Apt. #, etc. 200 City & State McKinney, TX Zip 75070 Country US			3. Mailing Office Address 6800 Weiskopf Avenue Suite, Apt. #, etc. 200 City & State McKinney, TX Zip 75070 Country US		
4. Date Incorporated or Qualified To Do Business in Florida 02/23/2016					
5. FBI Number 75-2828330					
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent Name C T Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, etc. City Plantation State FL Zip Code 33324					
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  Danny Verdecchia Assistant Secretary Date 10/13/2017 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
C/D/P/T	Shawn Broussard	6800 Weiskopf Avenue, Suite 200		McKinney, TX 75070	
10. E-mail Address: smurphy@servicefirstmtg.com (To be used for future annual report notification)					
11. I certify that I am an officer or director of 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. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
SIGNATURE:		Shawn Broussard President		10-12-17 214-576-2900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Shawn Broussard Date Daytime Phone #					

OCT 13 2017

C. CARROTHERS

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (512) 418-6949
Fax Number : (934) 208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

CORPORATION REINSTATEMENT
AMERIQUEST, INC.

Certificate of Status	0
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Page Count	02
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