

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
OR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
The Honorable  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F98000006775**

1. Corporation Name

**STANFORD FIDUCIARY INVESTOR SERVICES, INC.**

Principal Place of Business

1000 AIRPORT BLVD.  
ST. JOHN'S ANTIGUA

Mailing Address

1000 AIRPORT BLVD.  
ST. JOHN'S ANTIGUA

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

**% Stanford Financial Group Co.**

Suite, Apt. #, etc.

**5050 Westheimer**

City & State

**Houston, TX**

Zip

**77056**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/14/1998**

5. FEI Number

**65-0860939**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<del>G</del> V	<del>STANFORD, JAMES A</del> Lorraine Hutchins	<del>5050 WESTHEIMER</del>	<del>HOUSTON TX 77056</del>
<del>G</del> T	<del>STANFORD, JAMES A</del> Gordon Edwards	<del>5050 WESTHEIMER</del> <b>% Stanford Trust Company Ltd.,</b>	<del>HOUSTON TX 77056</del> <b>1000 Airport Blvd., St. John's,</b>
D / C	STANFORD, R. ALLEN	5050 WESTHEIMER	HOUSTON TX 77056 Antigua, W.I.
<del>D</del> D	<del>GOSWICK, O.Y.</del> Kenneth C. Allen	<del>5050 WESTHEIMER</del> P.O. Box 1	<del>HOUSTON TX 77056</del> Banks, Montserrat
<del>P</del> D	<del>VINGERHOEDT, FRANS P</del> Kenny Byron	<del>L.G. SMITH #02, MARISOL BLVD. 19</del> <b>% Bank Of Antigua, 1000 Airport Blvd.,</b>	<del>ORANJESTAD, ARUBA</del> <b>Antigua, W.I.</b>
S	<del>SUAREZ, YOLANDA M</del> Hubert Roberts	<del>5050 WESTHEIMER</del> <b>% Stanford Trust Company Ltd.,</b>	<del>HOUSTON TX 77056</del> <b>1000 Airport Blvd., St. John's</b>

8. Name and Address of Current Registered Agent

SERVICE  
CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

**Antigua, W.I.**

Name

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

Suite, Apt. #, Etc.

City

**400003078534--5**

**-12/22/99--01090--003**

**\*\*\*\*150.00 \*\*\*\*150.00**

**FL**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

**400003078534--5**

**-12/22/99--01090--004**

**\*\*\*\*\*8.75 \*\*\*\*\*8.75**

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Hubert Roberts, Secretary**

Date

Daytime Phone #

**12/3/99 (713)964-5100**

**KE**

2

Title	Name of Officer/Director	Street Address	City/State/Zip
1.	2.	3.	4.
D	Courtney N. Blackman	4850 Linnean Avenue	Washington, DC 20008


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STATE OF  
COUNTY OF

**AFFIDAVIT**

I, Hubert Roberts, certify that I am over the age of eighteen years of age, of sound mind, and capable of making the following statements:

1. I am the Secretary of Stanford Trust Company Limited (hereinafter "STCL").
2. STCL is a company in good standing incorporated under the laws of the country of Antigua & Barbuda, W.I.
3. On December 14, 1998, STCL was authorized to do business in the State of Florida as **Stanford Fiduciary Investor Services, Inc.** (Document Number F98000006775).
4. To the best of my knowledge, STCL never received the Corporation Annual Report (which was due by May 1, 1999), nor did it receive any notices from the Florida Department of State regarding the Corporation Annual Report.
5. The first time STCL was notified about the Corporation Annual Report was at the time it received the Notice of Administrative Dissolution or Revocation, on November 15, 1999. Attached to this Notice was the Application for Reinstatement.
6. STCL has now completed and updated the corporate information pre-printed in the Application for Reinstatement, and is now seeking reinstatement of the authorization to do business in the State of Florida as **Stanford Fiduciary Investor Services, Inc.**



Hubert Roberts  
Corporate Secretary  
Stanford Trust Company Limited

**ACKNOWLEDGEMENT**


Before me, the undersigned, a Notary Public on this day personally appeared Hubert Roberts known and proved to me to be the person and officer whose name is subscribed to the foregoing instrument.

Given under my hand and seal of office, this 3rd day of December, 1999.



SHARON M. CORT  
Notary Public  
44 Church Street  
St. John's  
Antigua

Notary Public in  
and for the State of  
My commission expires

  
*Sharon M. Cort*  
*Antigua & Barbuda*  
*My commission expires*