

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 DEC 10 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J 84853

1. Corporation Name

FLORIDA TRUST & INVESTMENT GROUP CORPORATION

Principal Place of Business

2503 LAKE VIEW DR.  
LEHIGH ACRES, FL 33936

Mailing Address

6371-4 PRESIDENTIAL CT.  
FORT MYERS, FL 33919

600002373836--6  
-12/16/97--01096--022  
\*\*\*1575.00 \*\*\*1575.00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

7/29/87

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0009121

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S T/D	BERNHARD SILBERKUHL	6371-4 PRESIDENTIAL CT.	FORT MYERS, FL 33919

REINSTATEMENT

92-97

56

12-12-97

8. Name and Address of Current Registered Agent

INTERCONNCETED INTERNATIONAL, INC.  
4100 EVANS AVENUE, SUITE 10  
FORT MYERS, FL 33901

9. Name and Address of New Registered Agent

Name

ANDREW G. JESSEN

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

6371-4 PRESIDENTIAL COURT

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33919

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

Andrew G. Jessen

REGISTERED AGENT MUST SIGN

Date 11/21/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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

BERNHARD SILBERKUHL

Date

11/21/97

Daytime Phone #

CR2E040 (12/96)