

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUL -8 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000007849

1. Corporation Name **STILTSVILLE TRUST INC.**

2. Principal Office Address - No P.O. Box #
2911 GRAND AVE

Suite, Apt. #, etc.

2A

City & State
MIAMI FLORIDA

Zip **33133** Country **USA**

3. Mailing Office Address
2911 GRAND AVE

Suite, Apt. #, etc.

2A

City & State
MIAMI FLORIDA

Zip **33133** Country **USA**

800158274078
07/08/09--01050--004 **192.25
REINSTATEMENT 07-09
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida **JUNE 30 2003**

5. FEI Number **200145949** Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
WILLIAM M TUTTLE II ESQ

Street Address (P.O. Box Number is Not Acceptable)
700 SOUTH DIXIE HIGHWAY

Suite, Apt. #, Etc.
SUITE # 200

City
CORAL GABLES

State **FL** Zip Code **33146**

☒ 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.

Signature of
Registered Agent

WTuttle

Date **07/02/09**

REGISTERED AGENT MUST SIGN

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
PC	GAIL B BALDWIN	2911 GRAND AVE 2A	MIAMI, FLA 33133
VP	LYNNE CAMERON	8900 NORTHWEST 18 TH TERR	MIAMI, FLA 33172
T	JEFF ROBERTS	6105 GRANADA BLVD	CORAL GABLES FLA 33146
S	KEYIN MASE	1414 ALEGRIANO AVE	CORAL GABLES FLA 33146
	<i>[Signature]</i>		

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 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 contained in Chapter 119, 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

[Signature] CHAIRMAN GAIL B BALDWIN

Date

JULY 3, 09

Daytime Phone #

305 443 2266