PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 18 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000033316

1. Corporation Name

FIDELITY TRUST FINANCIAL SERVICES INC

800009200508
11/25/02--01045--008 **600.00
REINSTATEMENT

2. Principal Office Address	**3.** Mailing Office Address
2000 PGA BLVD	2000 PGA BLVD
Suite, Apt. #, etc.: SUITE 2100	Suite, Apt. #, etc.: SUITE 2100
City & State: NORTH PALM BEACH, FL	City & State: NORTH PALM BEACH FL
Zip: 33410 Country: U.S.A.	Zip: 33410 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: APRIL 2, 2001

5. FEI Number: 65-1106469 ☐ 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

800009528148
12/16/02--01064--005 **150.00

Name: ~~SUZANNA~~ SUSANA MERCEDES MAC NAUGHTON

Street Address (P.O. Box Number is Not Acceptable): 2000 PGA BLVD

Suite, Apt. #, Etc.: SUITE 2100

City: NORTH PALM BEACH State: FL Zip Code: 33410

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: [signature] Date: 11/20/02

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
DP/S	~~SUZANNA~~ SUSANA M. MAC NAUGHTON	16429 75TH AVE N	PALM BEACH GARDENS FL 33418
DVP/T	WILLIAM A. TAVERNISE, JR	12011 POINCIANA BLVD, #204	ROYAL PALM BEACH FL 33411

AB 12/19

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 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] 11/20/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #