

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -7 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

400023622224
10/07/03--01066--023 **750.00

DOCUMENT # P01000033316
1. Corporation Name
FIDELITY TRUST FINANCIAL SERVICES INC

2. Principal Office Address
16429 75TH AVE N.
Suite, Apt. #, etc.
City & State
PALM BEACH GARDENS, FL
Zip
33418
Country
USA

3. Mailing Office Address
16429 75TH AVE N.
Suite, Apt. #, etc.
City & State
PALM BEACH GARDENS, FL
Zip
33418
Country

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

Name
SUSANA MERCEDES MACNAUGHTON

Street Address (P.O. Box Number is Not Acceptable)
16429 75TH AVE N

Suite, Apt. #, Etc.

City
PALM BEACH GARDENS
State
FL
Zip Code
33418

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 *Susana MacNaughton* Date 10/3/2003
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
<u>1/P/S/T</u>	<u>SUSANA M. MACNAUGHTON</u>	<u>16429 75TH AVE. N.</u>	<u>PALM BEACH GARDENS, FL 33418</u>

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: *Susana MacNaughton* Date 10/3/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #