FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 NOV -5 AM 10:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000045602

1. Corporation Name
Numistrust Corporation

REINSTATEMENT 03

800024296548
10/30/03--01073--011 **750.00

2. Principal Office Address	3. Mailing Office Address
2500 N. Military Trail	2500 N. Military Trail
Suite, Apt. #, etc.: #210	Suite, Apt. #, etc.: Suite #210
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33431 Country: USA	Zip: 33431 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 5/03/2001

5. FEI Number: 65-1102787 ☐ 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: Kevin Mc Nerney

Street Address (P.O. Box Number is Not Acceptable): 805 NE 70th St.

Suite, Apt. #, Etc.:

City: BOCA RATON State: FL Zip Code: 33487

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: 10/23/03

REGISTERED AGENT MUST SIGN

CR2E031(10/02)

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
PRES.	KEVIN MCNERNEY	805 NE 70 ST	BOCA RATON / FL / 33487

10. I certify that I am an officer or director of 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: _____ 10/23/03 (561)4459289

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