

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000069740

1. Corporation Name

UNION TRUST FINANCIAL SERVICES, CORP.

Principal Place of Business

Mailing Address

9050 PINES BLVD.
SUITE 383

9050 PINES BLVD.
SUITE 383

PEMBROKE PINES FL 33024

PEMBROKE PINES FL 33024



REINSTATEMENT 03

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

07/16/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1121056

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 3	City / State / Zip 4
PD	CASTRO, JENNIFER P	1690 NW 113TH WAY	PEMBROKE PINES FL 33026
PD	Castro, Jennifer P.	5010 SW 120th Ave.	Cooper City, FL 33330

300024057119
10/23/03--01084--030 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CASTRO, JENNIFER P
1690 NW 113TH WAY
PEMBROKE PINES FL 33026

Name
Castro, Jennifer P.

Street Address (P.O. Box Number is Not Acceptable)
5010 SW 120th Ave.

Suite, Apt. #, Etc.

Cooper

City

Cooper City

State

FL

Zip Code

33330

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/10/03

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03

(954) 436-8341

Date

Daytime Phone #

CR2E040 (7/03)



UNION TRUST
Financial Services Corp.

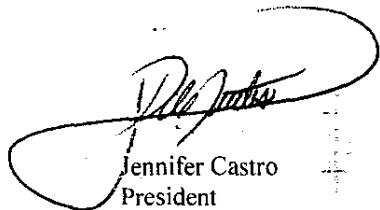
To whom it may concern :

I hereby certify that we did not receive the previous notification (s) for the filing of the Uniform Business Report (UBR) for Profit Corporation for the year 2003. It was until we received the Certificate of Dissolution a few days ago, that we realized we never had a previous notification.

Also, I would like to mention that attached to this letter we are sending the application for reinstatement form with it's respective fee of \$150.00

Please, do not hesitate to contact me if you have any questions.

Sincerely,



Jennifer Castro
President