

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 23 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000101336

1. Corporation Name

N Trust Corporation

REINSTATEMENT 03-04

300033566953

04/22/04--01053--014 **300.00

2. Principal Office Address

11110 W OAKLAND PARK BLVD

Suite, Apt. #, etc.

208

City & State

Sunrise, FL

Zip

33351

Country

3. Mailing Office Address

11110 OAKLAND PK BLVD

Suite, Apt. #, etc.

208

City & State

Sunrise FL

Zip

33351

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/2001

5. FEI Number

651148325

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

NEVILLE ROYES

Street Address (P.O. Box Number is Not Acceptable)

3805 NW 107 WAY

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33351

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

REGISTERED AGENT MUST SIGN

Date

4/15/04

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
D	NEVILLE R ROYES	3805 NW 107th Way	Sunrise, FL 33351

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:

NEVILLE ROYES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04

Date

954-818-2628

Daytime Phone #

CR2E081 (01/04)

April 9, 2004

Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Re: N Trust Corporation
D#: 01000101336

To Whom It May Concern:

In reference to the above corporation, I am the Director of N Trust Corporation, and I was recently told by accountant that my corporation status is inactive with a Notice of Administration Dissolution.

In 2003 I moved and never received a notice for the renewal for the corporation. I have provided the new address on the corporation reinstatement form.

I ask that you take in consideration that I never received my 2003 UBR, and waive the penalty fees. Enclosed you will find a copy of a check for \$ 350.00. Thank you for your consideration.

Respectfully,


Neville Royes