

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 NOV -3 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500137855505

11/12/08-01044-016 **1208.75

REINSTATEMENT 05-08
CR2E081 (10/08)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																									
DOCUMENT # P04000064610																											
<p>1. Corporation Name <i>Capital Trust Realty, INC</i></p>																											
<p>2. Principal Office Address - No P.O. Box # <i>424 Batten Rd</i></p>		<p>3. Mailing Office Address</p>																									
<p>Suite, Apt. #, etc. <i></i></p>		<p>Suite, Apt. #, etc. <i></i></p>																									
<p>City & State <i>Bainbridge GA.</i></p>		<p>City & State <i></i></p>																									
Zip <i>39819</i>	Country <i></i>	Zip <i></i>	Country <i></i>																								
<p>7. Name and Address of Current Registered Agent</p> <p>Name <i>Jerry F. Adams</i></p> <p>Street Address (P.O. Box Number is Not Acceptable) <i>8830 Causeway Blvd</i></p> <p>Suite, Apt. #, Etc. <i>Suite B</i></p> <p>City <i>Tampa</i></p> <p>State <i>FL</i></p> <p>Zip Code <i>33631</i></p>																											
<p>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.</p> <p>Signature of Registered Agent <i>X</i></p> <p>REGISTERED AGENT MUST SIGN</p> <p>Date <i>11-3-08</i></p>																											
<p>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td><i>P</i></td> <td><i>Jerry F. Adams</i></td> <td><i>8830 Causeway Blvd #B</i></td> <td><i>Tampa FL 33631</i></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	<i>P</i>	<i>Jerry F. Adams</i>	<i>8830 Causeway Blvd #B</i>	<i>Tampa FL 33631</i>																
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip																								
<i>P</i>	<i>Jerry F. Adams</i>	<i>8830 Causeway Blvd #B</i>	<i>Tampa FL 33631</i>																								
<p>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 contained in Chapter 119, 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.</p> <p>SIGNATURE: <i>X</i></p> <p>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i></i></p> <p>Date <i>11-3-08</i></p> <p>Daytime Phone # <i></i></p>																											