## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000115443

Entity Name: 1ST CAPITAL TRUST CORP

FILED Oct 16, 2007 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	S BLVD SUIT (E PINES, FL				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	S BLVD SUIT (E PINES, FL				
FEI Number:	20-5518858	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
9050 PINE	STRAIDER S BLVD SUIT (E PINES, FL				
	named entity of Florida.	submits this statement for the	e purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE: STRAIDE	R BELLIER			
	Electro	nic Signature of Registered A	gent	Date	
		3(2)(b), F.S., the corporation did g Trust Fund Contribution().	not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zin:	BELLIER, STR 9050 PINES B	) Delete AIDER -VD SUITE 383 NES EL 33024	Title: Name: Address: City-St-Zin:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STRAIDER BELLIER P 10/16/2007