

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUL -5 PM 6:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000080657

1. Corporation Name

COLONIAL TRUST CORPORATION

2. Principal Office Address

2715 E. Oakland Pk Blvd

Suite, Apt. #, etc.

Second Floor

City & State

Fort Lauderdale, FL

Zip

33306

Country

U.S.A.

3. Mailing Office Address

2715 E. Oakland Pk Blvd

Suite, Apt. #, etc.

Second Floor

City & State

Fort Lauderdale, FL

Zip

33306

Country

U.S.A.

REINSTATEMENT

99-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/17/95

SP

5. FEI Number

65-0611665

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

Amy Amuso

600003334856--0

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

~~2715 E. Oakland Pk Blvd~~ 2715 E. Oakland Park Blvd

Suite, Apt. #, Etc.

Second Floor

City

Fort Lauderdale

State

FL

Zip Code

33306

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

Amy Amuso

REGISTERED AGENT MUST SIGN

Date

5/9/00

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 | Amy Amuso | 2715 E. Oakland Park Second Floor - Blvd. | Fort Laud, FL 33306 |
| D | Amy Amuso | 2715 E. Oakland Pk Blvd. Second Floor | Fort Laud. FL 33306 |
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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:

Amy Amuso Amy Amuso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/9/00

Daytime Phone # 954-568-5400

CR2E081 (9/99)