

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 DEC 16 PM 4:11

TALLAHASSEE, FLORIDA

DOCUMENT # P96000012235

1. Corporation Name

FINANCIAL TRUST SERVICES, INC.

Principal Place of Business

702 PALMETTO ST  
NEW SMYRNA BEACH FL 32168  
US

Mailing Address

702 PALMETTO ST  
NEW SMYRNA BEACH FL 32168  
US



600009518186  
12/16/02--01031--014 \*\*150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

421 Canal Street

Suite 201

New Smyrna Beach, FL

32168 Volusia

3. New Mailing Office Address, if Applicable

421 Canal Street

Suite 201

New Smyrna Beach, FL

32168 Volusia

4. Date Incorporated or Qualified To Do Business in Florida

01/18/1996

5. FEI Number

59-3375366

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	THOMSON, JOHN	702 PALMETTO STREET 421 Canal Street, Suite 201	NEW SMYRNA BEACH FL

8. Name and Address of Current Registered Agent

THOMSON, JOHN C

702 PALMETTO ST 421 Canal St., Suite 201  
NEW SMYRNA BEACH FL 32168

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 12/12/02

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

Date

Daytime Phone #

12/12/02 (386) 426-6159

CR2E040 (8/02)

# Financial Trust

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December 13, 2002

State of Florida Department of State  
Jim Smith Secretary of State  
Division of Corporations  
P.O Box 6327  
Tallahassee, FL 32314

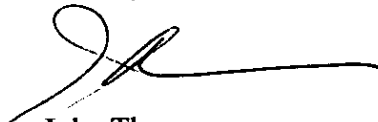
Re: Financial Trust Services, Inc.  
Document Number: P96000012235

To Whom It May Concern,

This letter is to inform you of the fact that this document number P96000012235 is the first form of correspondence we have received from the Department of State since March of 2001. We moved Financial Trust's business location in June of 2001 and believed that we had filled out all of the appropriate changes of address for the state and local governments. This Notice of Administrative Dissolution or Revocation was sent to our old address as well, but somehow was forwarded to our new location at 421 Canal Street, Suite 201.

Please let this letter serve as a request to waive the reinstatement fee. Enclosed you will find the filing fee without penalty of \$150.00. Please contact us with your decision.

Thank you,



John Thomson