PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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REINS	PORATION STATEMENT	Sec Division	EPARTMENT OF STATE cretary of State	0	L JUN 22 PM 4: 12 SECRETARY OF STATE ALLAHASSEE. FLORIDA		
DOCUMENT # P96000074784  1. Corporation Name INTERNATIONAL TRUST AND FINANCIAL SYSTEMS, INC.				Ţ	ALLMIN		
Suite, Apt. #, etc. Suite, Apt. # Suite A Suite A			t Road, Building 6	4. Date Incorporated or Qualified To Do Business in Florida 09/05/1996			
I -		1 '	City & State Houston, Texas		5. FEI Number Applied For 061588136		
zip 77040	Country	Z <sub>p</sub> 77040	Country USA	6.	E OF STATUS DESIRED \$8.75 Additional Fee for a Certificate of S	equires	
7. Name and Address of Current Registered Agent							
	Name         Capitol Corporate Services, Inc.         500038171815           Street Address (P.O. Box Number is Not Acceptable)         06/22/04 - 01079 - 007 *** 05						
i	Street Address (P.O. Box Number 1333 North Duval St.	er is Not Acceptable)		U6/1	<del>22/0401079007 **</del> 09	oU.UU	
	Suite, Apt. #, Etc.						
	City Tallahassee			State Zip Code FL 32303			
8. I, being Signature of Registered		ne above named corporation with the second s	on, am familiar with and accept the	obligations of sect	ion 607.0505 or 617.0503, F.S.  Date 6-17-04	CR2E081 (01/04)	
9. Names	and Street Addresses of Each Office	cer and/or Director (Florida	a 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		
CEO	Wilbert H. Marmion (Director)		9103 Emmott Road, BLD. 6, Suite A		Houston, Texas 77040		
Treas.	Ellen Raidl (Director)		9103 Emmott Road, BLD. 6, Suite A		Houston, Texas 77040		
VP	John Royston (Director)		9103 Emmott Road, BLD. 6, Suite A		Houston, Texas 77040		
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 filling this reinstatement application, the reason too 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 paig and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), 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 ANATYPE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Daytime Phone #							

TR