

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 APR -4 PM 12:43
TALLAHASSEE, FLORIDA

DOCUMENT # P97000015851

1. Corporation Name

Finntrust, Inc.

2. Principal Office Address

801 N Congress Ave.

3. Mailing Office Address

same

Suite, Apt. #, etc.
Ste. 905

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Zip
33426

Country
USA

Zip

Country

04-03-04 01005 622 \$ 300.00
07-21-03 01064 669 \$ 150.06

CR2E081 (12/05) 02-06

4. Date Incorporated or Qualified
To Do Business in Florida 2/14/1997

5. FEI Number
65-0803945

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
Heidi Wivolin

Street Address (P.O. Box Number is Not Acceptable)
6670 Paul Mar Dr

Suite, Apt. #, Etc.

City
Lantana

State
FL

Zip Code
33462

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

[Signature]

Date 3.30.2006

REGISTERED AGENT MUST SIGN

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
DP	Heidi Wivolin	801 N Congress Ave #905	Boynton Beach FL 33426
DVP	Shawn O'Sullivan	801 N Congress Ave #905	Boynton Beach FL 33426

[Signature]

800070799008
04/18/06 01036 007 ***990.00

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.

SIGNATURE:

[Signature]

3-30-06 561.742-4447

FINNTRUST, INC.

801 North Congress Avenue #905
Boynton Beach, FL 33426
561.742.4447 Tel
561.742.4449 Fax

March 30, 2006

Florida Department of State
Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

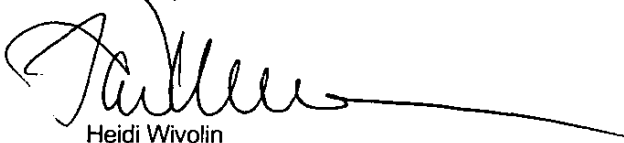
RE: Document # P97000015851

Dear Sir or Madam:

Enclosed you will find a completed Corporation Reinstatement Form along with a check in the amount of \$900.00. Please apply \$450.00 on fiscal record from tax year 2003 & 2004 to this amount in order to satisfy the amount due for reinstatement.

Should you have any questions or require further information, please do not hesitate to contact me at 561-742-4447.

Sincerely,



Heidi Wivolin
President