

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 15 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000083180

1. Corporation Name

Santa Cruz Pacific Trust, Inc.

2. Principal Office Address

1020 NW 62nd Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 81200

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

Zip

33309

Country

USA

City & State

Albuquerque NM

Zip

87198-1200

Country

USA

REINSTATEMENT

99-02

900008386329--1

-10/15/02--01090--002

***1085.00 ***1050.00

03-22-99 - 90045 047 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

9/24/1997

5. FEI Number

☒ 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

Nerissa Whittington

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

1020 NW 62nd Street

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State
FL

Zip Code

33309

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]

REGISTERED AGENT MUST SIGN

Date 10/11/02

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
Director	Keely Whittington	1020 NW 62nd Street	Ft. Lauderdale-FL 33309
Director	Nerissa Whittington	1020 NW 62nd Street	Ft. Lauderdale FL 33309

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:

[Signature] Nerissa Whittington Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/02 505-255-5422

Date

Daytime Phone #

CR2E081 (9/01)