

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED

02 OCT 28 PM 5:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000101527

1. Corporation Name
Associates Trust
Incorporated

2. Principal Office Address
633 NW 24 St
Suite, Apt. #, etc.

3. Mailing Office Address
633 NW 24 St
Suite, Apt. #, etc.

City & State
Wilton Manors, FL
Zip Country
33311 US

City & State
Wilton Manors, FL
Zip Country
33311 USA

500008605495
10/28/02--01032--026 **750.00

REINSTATEMENT 2002

4. Date Incorporated or Qualified To Do Business in Florida 12 01 97

5. FEI Number 650807186
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

Thomas G. Pye
Pye Law Firm
408 W University Ave
Suite 108B
Gainesville, Florida 32601

State Zip Code
FL

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date Oct. 22, 2002

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
President	Keith M. Thomas	633 NW 24 St Wilton Manors	Wilton Manors FL 33311
Treasurer	Keith M. Thomas	633 NW 24 St	Wilton Manors FL 33311
Secretary	Keith M. Thomas	633 NW 24 St	Wilton Manors FL 33311

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)(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: Keith M. Thomas 10/14/02 954-647-6303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)