PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 APR 19 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000053890

1. Corporation Name

SALEM TRUST COMPANY

REINSTATEMENT 99-01

2. Principal Office Address		**3.** Mailing Office Address	
201 E. Kennedy Blvd.		201 E. Kennedy Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 1516		Suite 1516	
City & State		City & State	
Tampa, FL		Tampa, FL	
Zip	Country	Zip	Country
33602	U.S.A.	33602	U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 6/16/1998

5. FEI Number 56-2075834 ☐ 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: Not required pursuant to F.S. 607.0501(2)

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

900004077813--4
-04/25/01 --01080--013
***1058.75 ***1058.75

Suite, Apt. #, Etc.

City | State: FL | Zip Code

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: Not required pursuant to F.S. 607.0501(2) Date

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
C/D	Thomas W. Murray	3823 Westchester Road	Durham, NC 27707
P/D	Bradley K. Rinsem	575 Jefferson Dr., #110	Deerfield Beach, FL 33442
V/D/S	Leta B. Stoller	4750 Dolphin Cay Lane S. #307	St. Petersburg, FL 33711
V/D	Lester W. Edwards, Jr.	5001 Brookhaven Dr.	Raleigh, NC 27612
V/D	Robert A. Darr	3308 West Knights Ave.	Tampa, FL 33611

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: Leta B. Stoller - Secretary 4-13-01 813-301-1337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Leta B. Stoller