

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000001846

1. Corporation Name

NATIONAL FINANCE TRUST CORP.

2. Principal Office Address

NATIONAL FINANCE TRUST CORP

3. Mailing Office Address

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

3600 N US1

City & State

MELBOURNE

City & State

FL

Zip

32935

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 12/31/98

5. FEI Number

59-3697751

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-04

7. Name and Address of Current Registered Agent

Name

MARY ANN TENSLEY

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

3600 N US1

Suite, Apt. #, Etc.

300

City

MELBOURNE

State

FL

Zip Code

32935

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

REGISTERED AGENT MUST SIGN

Date **APRIL 1, 2004**

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
D/P/S	MARY ANN TENSLEY	3600 N US1, SUI 300	MELBOURNE, FL 32935
			500039338895 07/20/04--01037--006 **1508.75

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/04

Date

Daytime Phone #