

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV -5 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000081850

1. Corporation Name

CAPTRUST CORP.

2. Principal Office Address

99 N.W. 27th Avenue

Suite, Apt. #, etc.

200

City & State

Miami, Florida

Zip

33125

Country

Miami-Dade

3. Mailing Office Address

99 N.W. 27th Avenue

Suite, Apt. #, etc.

200

City & State

Miami, Florida

Zip

33125

Country

Miami-Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

09/16/1999

5. FEI Number

65-0948219

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

Osvaldo E. Romero

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

99 N.W. 27th Avenue

Suite, Apt. #, Etc.

Suite #200

City

Miami

State

FL

Zip Code

33125

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

Date 10/04/2001

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
PVDT	Romero, Osvaldo E	99 N.W. 27th Avenue, Suite 200	Miami, FL 33125
S	Romero, Osvaldo E	99 N.W. 27th Avenue, Suite 200	Miami, FL 33125

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

Osvaldo E. Romero

10/04/2001

Date

(305) 541-3888

Daytime Phone #

CR2E081 (8/00)



Page 2 of 2

October 4, 2001

Florida Department of State  
Division Of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

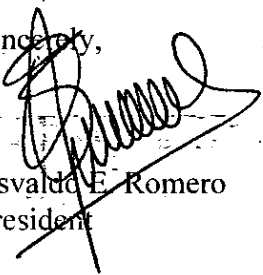
Dear Sir or Madam:

Enclosed please find the Reinstatement application and a check for one hundred and fifty dollars (\$150.00). Also, we respectfully request a waiver of the late penalty for the following reasons:

- 1.) We recently changed our address and we did not receive the Annual Report and Corporate Supplement fees statement. As a result we did not send the payment.
- 2.) The penalty will be a hardship to our company during this economic slow down.
- 3.) We have always been diligent in paying our expenses and will continue to do so in the future.

Please accept our apology for not making a prompt payment and we will ensure that this does not occur again. We appreciate you taking into consideration our request and look forward to an affirmative response.

Sincerely,

  
Osvaldo E. Romero  
President

Operations Center  
99 N.W. 27th Avenue, Suite 200  
Miami, Florida 33125

Tel: 305.541.3888

Fax: 305.541.3808