

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN -5 PM 3:54

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000081850

1. Corporation Name

CAPTRUST CORP.

REINSTATEMENT 03

2. Principal Office Address

10520 NW 26TH STREET

3. Mailing Office Address

10520 NW 26TH STREET

Suite, Apt. #, etc.

C-101

Suite, Apt. #, etc.

C-101

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33172

Country

Zip

33172

Country

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)

10520 NW 26TH STREET

Suite, Apt. #, Etc.

C-101

City

MIAMI

State

FL

Zip Code

33172

8. I, being appointed 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 12/30/2003

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
PVSTD	OSVALDO E. ROMERO	10520 NW 26TH STREET, C-101	MIAMI, FL 33172

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 provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*[Signature]*

OSVALDO E. ROMERO

12/30/2003 (305)541-3888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ORIGINAL