PART 1 of 2

Florida Department of State

Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
APOLLO TRUST CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,050.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUL 06 2018

R. HUNT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2018 JUL -6 AM 10:28

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S16585

1. Corporation Name

APOLLO TRUST CORPORATION

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
200 Liberty Street		200 Liberty Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
New York, NY		New York, NY	
Zip	County	Zip	County
10281	USA	10281	USA

CR2E091 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
12/03/1990

5. FEI Number
65-0231885

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED
NO

7. Name and Address of Current Registered Agent

Name
CORPORATE CREATIONS NETWORK INC.

Street Address (P.O. Box Number is NOT Acceptable)
11380 Prosperity Farms Road

Suite, Apt. #, etc.
#221E

City	State	Zip Code
Palm Beach Gardens	FL	33410

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 Caitlin Lazarus, Special Secretary Date JULY 6, 2018

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Paul Mourning	200 Liberty Street	New York, NY 10281
S	Paul Mourning	200 Liberty Street	New York, NY 10281
P	Jacob E. Lipton	200 Liberty Street	New York, NY 10281
T	Jacob E. Lipton	200 Liberty Street	New York, NY 10281
	REINSTATEMENT		JUL 06 2018
			R. HUNT

10. E-mail Address: paul.mourning@cwt.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the reorganized corporation 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: 07/06/2018 212-504-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY, OFFICER OR DIRECTOR — Date — Daytime Phone #