PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # \$61534

1. Corporation Name

U.S. TRUST COMPANY OF FLORIDA SAVINGS BANK

FILED

01-0CT 19 PM 5: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA

rincipal Place of Business	Mailing Address	
32 ROYAL PALM WAY	132 ROYAL PALM WAY	1,
ALM BEACH FL 33480	PALM BEACH FL 33480 ATTENTION: EILEON SAL	1
	MITIENTION; EILEBU MIC	7 I

REINSTATEMENT 200	

If above addresses are incorrect in any way, line through incorrect information and enter correction below.									
				ng Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 06/21/1991			
Suite, Apt. #, etc. Suite, Apt. #,			etc.		5. FEI Number		1 1		
City & State		City & State	to the second of			65-0268073		Applied For	
w., c	-			, State		-	Not Applica		Not Applicable
Zip		Country	Zip		Country		1 -		75 Additional Fee required or a Certificate of Status
7. Names	and Street Ad	dresses of Each Officer and/	or Director (Flo	rida nonprof	fit corporat	tions must list at lea	ast 3 directors)		
Title(s)	2	Name of Officers and/or Directors		3		et Address of Each cer and/or Director		City / Sta	ate / Zip
ĆD		, TROWBRIDGE,III		132 ROY			_	PALM BEACH FL	_
0	KICHAL	<u>B. Mc∆ERA</u>	OTT, SR	3055	T CAR	DINAL DE	<u></u>	VERO BEACH,	<u>PL</u>
₩D	CHMIEL, FI			102 ROYAL PALM WAY				PALM BEACH FL	
	CARL	A. HARNISH		765	SEI	96ATE DE		NAPLES, FL	0 4-
D	D LICKLE, GARRISON D.			777 G. I ENGLER DR., GOILE 300 AMONO ILEGI FALLINDE TOTTLE				- PALM BEACH FO	
		•		280	E M	भ ार गर भि र	IC TOAN	PAGACH, 1	-t
Ď	RAHE, MARIBETH S. CHARLES J. FRANKEL			114 W-47TH ST 280 E PALMETTO PARIC ROAD 114 WEST 47TH ST.			0	NEW YORK NY 10036 BOCA RATION, FL NEW YORK NY	
D							cic Koan		
D	MCNAMARA, GERALDINE M.								
-VD	WEST. THURLOW A.			182 ROYAL PALM-WAY			PALM BEACH FL		
	HOWAED	E.N. WILSON		100 U	UEST	LANCASTE	PAUE	WAYNE, PA	
8. Name and Address of Current Registered Agent				ent		Name and Address of New Registered Agent			
							ILEEN	DALY	
·	=					/3	2 ROYAL	is Not Acceptable)	,
						Suite, Apt. #, Etc.	•		
						City PALM	BEACI	+ State	33480
10. I, being	appointed the	e registered agent of the abo	ve named como	ration, am f	amiliar wit	h and accept the o	bligations of Sect	tion 607.0505, F.S.	, , , , , , , , , , , , , , , , , , , ,

11. I certify that I am an officer or director or the receiver or trustée empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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

10/17/01 (580/659-15.

01078--012