

2023 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P21000058643

Entity Name: ALMOND IMPORTANT INFORMATION FUND, INC**Current Principal Place of Business:**235-09 147TH DR
ROSEDALE, NY 11422**Current Mailing Address:**PO BOX 100266
BROOKLYN, NY 11210 US**FEI Number: 87-1346789****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BILL, HAVRE
7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** BILL HAVRE

01/03/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|-------------------|
| Title | PD |
| Name | LOVE, ALMOND H |
| Address | 235-09 147TH DR |
| City-State-Zip: | ROSEDALE NY 11422 |

| | |
|-----------------|-------------------|
| Title | S |
| Name | LOVE, SHAMIKA N |
| Address | 235-09 147TH DR |
| City-State-Zip: | ROSEDALE NY 11422 |

| | |
|-----------------|-------------------|
| Title | T |
| Name | LOVE, TOWANDA |
| Address | 235-09 147TH DR |
| City-State-Zip: | ROSEDALE NY 11422 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALMOND H LOVE

PD

01/03/2023

Electronic Signature of Signing Officer/Director Detail

Date