

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000001947

FILED  
Sep 24, 2009  
Secretary of State

Entity Name: FUSION REALTY CAPITAL CORP.

## Current Principal Place of Business:

207 ORANGE AVE.  
STE F  
FT. PIERCE, FL 34950

## New Principal Place of Business:

## Current Mailing Address:

207 ORANGE AVE.  
STE C  
FT. PIERCE, FL 34950

## New Mailing Address:

207 ORANGE AVE.  
STE F  
FT. PIERCE, FL 34950

FEI Number: 20-3497071

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ST ROSE, JOSEPH  
207 ORANGE AVE.  
STE C  
FT. PIERCE, FL 34950 US

## Name and Address of New Registered Agent:

ST ROSE, JOSEPH  
207 ORANGE AVE.  
STE F  
FT. PIERCE, FL 34950 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: JOSEPH ST. ROSE

09/24/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: ST ROSE, JOSEPH  
Address: 207 ORANGE AVE., SUITE C  
City-St-Zip: FORT PIERCE, FL 34950

Title: VP ( ) Delete  
Name: ST ROSE, LAVERN  
Address: 207 ORANGE AVE., SUITE C  
City-St-Zip: FORT PIERCE, FL 34950

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LAVERN ST. ROSE

VP

09/24/2009

Electronic Signature of Signing Officer or Director

Date