DOCUMENT # J21076 1. Entity Name REUWER & ASSOCIATES, INC.				FILED Jan 10, 2001 8:00 am Secretary of State			
rincipal Place of Business 7-SE-24TH-AVENUE UITE-9- DMPANO BEACH FL 33062 S	Mailing Address				001 90073 027		
Principal Place of Business OINRIVERSIDE DRIVE Suite, Apt. #, etc.	3. Mailing Address 101 N. RIVERSIDE DRIVE Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
SUITE 120 City & State Pompano BEACH, FL	SUITE 120 City & State Tompano BEAC		4. f	El Number 59-26951		Applied For	
Zip Country USA	Zip 33062	Country -VSA -		Certificate of Status Desired	Fee F	75 Additional Required	
6. Name and Address of Current	Hegistered Agent	Name		Agine and Address of New	negistered Agent		
ZITZMANN, MARI FRIES 27 SE 24TH AVENUE SUITE 8	Street Ac	Address (R.O. Box Number is Not Acceptable) N. KIVERSIDE DRIVE					
SUITE 107 POMPANO BEACH FL 33062		Sur	Pompar	DO BEACH	FL Z	ip Code 3 306 2	
IGNATURE Structure, typed or printed name of registered ages. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		gistered Agent signatu FEE IS \$150.0 Fee will be \$5	00 50.00	10. Election Campaign F Trust Fund Contributi	·	\$5.00 May Be Added to Fees	
1. OFFICERS AND	DIRECTORS	12.	AD	L DITIONS/CHANGES TO OF	FICERS AND DIRE	CTORS IN 11	
ITLE P T AME ZITZMANN, MARI FRIES PREET ADDRESS 27 SE 24TH AVENUE #8 TY-ST-ZIP POMPANO BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	101 N. Pomp	RIVERSIDE DEIVI	= #120	change	
TIE VPS REUWER, NANCY REET ADDRESS 27 SE 24TH AVENUE #8	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	101 N.	RIVERSIDE I) [X]	hange Addition	
TY-ST-ZIP POMPANO BEACH FL TILE AME REET ADDRESS TY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		and the same of th		thange Addition	
LE ME REET ADDRESS (Y-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				hange Addition	
TLE MME REET ADDRESS TY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				hange Addition	
TLE MEET ADDRESS TY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				hange	
3. I hereby certify that the information supplied with indicated on this report or supplemental report in of the corporation or the receiver or trustee empechanged, or on an altachment with an address, SIGNATURE:	s true and accurate and that my s lowered to execute this report as i	e exemption state	ave the same l pter 607, Flori	legal effect as if made under da Statutes; and that my nar	r oath; that I am an ne appears in Bloo	officer or director	