PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	OL APR 21 PM 4: 20 SECRETARY OF STATE TALLAHASSEE. FLORIDA
DOCUMENT # M 14595 1. Corporation Name ALTMOR INVESTORS, INC.		TALLAHASSEE.
2. Principal Office Address - 3650 N. 36 Ave. Suite, Apt. #, etc. V:112 YY City & State Hollywood, FL Zip Country 33031 U.S.	3. Mailing Office Address 3650 N. 36 M AVE-10 Suite, Apt. #, etc. VINA 44 City & State Hollywood, FL Zip 33031 Country U.S.	4. Date Incorporated or Qualified To Do Business in Florida 4. Date Incorporated or Qualified To Do Business in Florida 4. Date Incorporated or Qualified To Do Business in Florida 4. Date Incorporated or Qualified To Do Business in Florida 4. Date Incorporated or Qualified To Do Business in Florida 4. Date Incorporated or Qualified To Do Business in Florida 4. Date Incorporated or Qualified To Do Business in Florida 4. Date Incorporated or Qualified To Do Business in Florida 4. Date Incorporated or Qualified To Do Business in Florida 4. Date Incorporated or Qualified To Do Business in Florida 4. Date Incorporated or Qualified To Do Business in Florida 4. Date Incorporated or Qualified To Do Business in Florida 4. Date Incorporated or Qualified To Do Business in Florida 4. Date Incorporated or Qualified To Do Business in Florida 4. Date Incorporated or Qualified To Do Business in Florida 4. Date Incorporated or Qualified To Do Business in Florida 4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name Ruth D. Morgan Street Address (P.O. Box Number is Not Acceptable) 3650 N. 36th Avenu421/0401077024 **12*0.00 Suite, Apt. #, Etc. Villa 44 City Hollywood State Zip Code FL 3302/		
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 Page Page Page Page Page Page Page Page		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Titles Name of Officers and/or Directors	· · · · · · · · · · · · · · · · · · ·	or City / State / Zip
PD Edward M. Mor	gan 3650 N. 364 A	ve., Ville 44 Hollywood, 12 33021
ST Ruth D. Morga	m 3650 N. 36th A	ive, Villa Hollywood, FZ 330H
10. I certify that I am an officer or director or the receiver or trustee 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 XND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #		

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