PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV -3 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M53059

1. Corporation Name
CARTU INVESTMENTS, INC.

Principal Place of Business / Mailing Address
c/o Walter L. Morgan, Esq.
315 N.E. 3rd Ave., #200
Fort Lauderdale, FL 33301

REINSTATEMENT 98-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable	
315 NE 3rd Avenue		same	
Suite, Apt. #, etc: Suite 200		Suite, Apt. #, etc: same	
City & State: Fort Lauderdale		City & State: same	
Zip: 33301	Country: USA	Zip: same	Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 6/2/87

5. FEI Number: 59-2809320 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	LAZAR CARTU	7227 Dorchester Road	Niagara Falls, Ontario Canada L2G 5V7
			900003039179--2 -11/09/99--01022--002 ******8.75 ******8.75
			900003039179--2 -11/09/99--01022--003 ***1922.50 ***1922.50
			LS

8. Name and Address of Current Registered Agent
David Shear
One Biscayne Tower, #3333
2 S. Biscayne Blvd.
Miami, FL 33131

9. Name and Address of New Registered Agent
Name: Walter L. Morgan, Esq.
Street Address (P.O. Box Number is Not Acceptable): 315 NE 3rd Ave., #200
Suite, Apt. #, Etc.: Suite 200
City: Fort Lauderdale State: FL Zip Code: 33301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Walter L. Morgan* (REGISTERED AGENT MUST SIGN) Date: 11-2-99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 filing 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., and that all fees owed by the corporation have been paid. 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: *Lazar Cartu* Nov. 1, 1999 905 357 2471
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

CR2E040 (12/95)