PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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REINSTATEMENT 00-10

DOCUMENT # M53059

1. Corporation Name

CARTU INVESTMENTS, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
424 HENDRICKS ISLE		34 HILLCREST AVENUE	
Suite, Apt. #, etc.: UNIT 5		Suite, Apt. #, etc.	
City & State: FT. LAUDERDALE, FLORIDA		City & State: ST. CATHARINES, ONTARIO	
Zip: 33301	Country: U.S.A.	Zip: L2R 4Y1	Country: CANADA

4. Date Incorporated or Qualified To Do Business in Florida: 06/02/1987

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

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: LARRY WOLFE, C.P.A.

Street Address (P.O. Box Number is Not Acceptable): 7695 S.W. 104TH ST. UNIT 220

Suite, Apt. #, Etc.

City: MIAMI State: FL Zip Code: 33156

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: [signature] Date: 7/29/10

REGISTERED AGENT MUST SIGN

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	Street Address of Each Officer and/or Director	City / State / Zip
PD	LAZAR CARTU	34 HILLCREST AVENUE	ST. CATHARINES, ON L2R 4Y1

10. **E-mail Address:** LCARTU@GMAIL.COM OR MAR.RES2@SYMPATICO.CA
(To be used for future annual report notification)

11. 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 since 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., all fees owed by the corporation have been paid. I further certify 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] July 29, 2010 905 357 3435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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